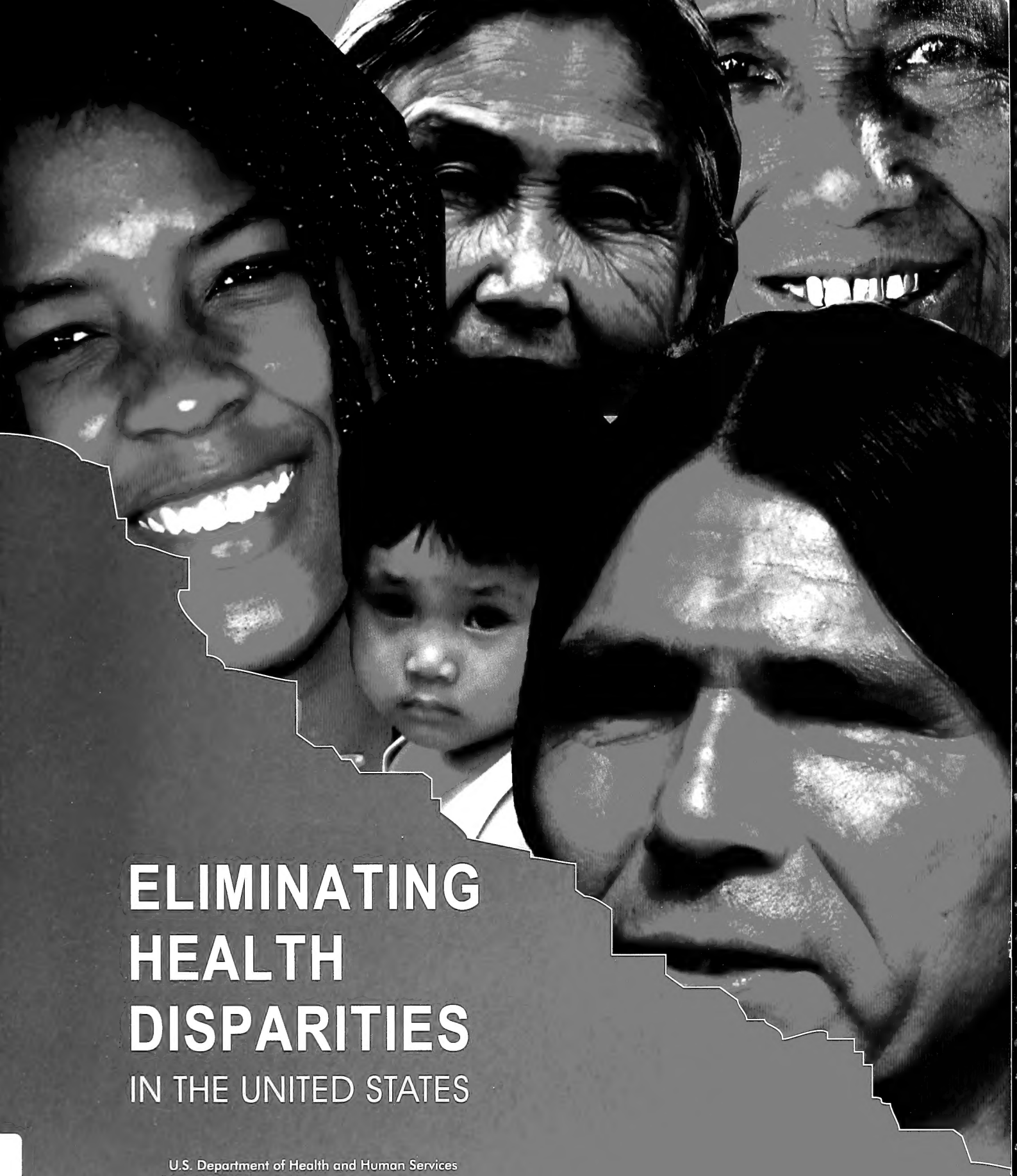


ELIMINATING HEALTH DISPARITIES

IN THE UNITED STATES

U.S. Department of Health and Human Services

HRSA

Health Resources and Services Administration


Eli
Hea

ELIMINATING HEALTH DISPARITIES

IN THE UNITED STATES

November 2000

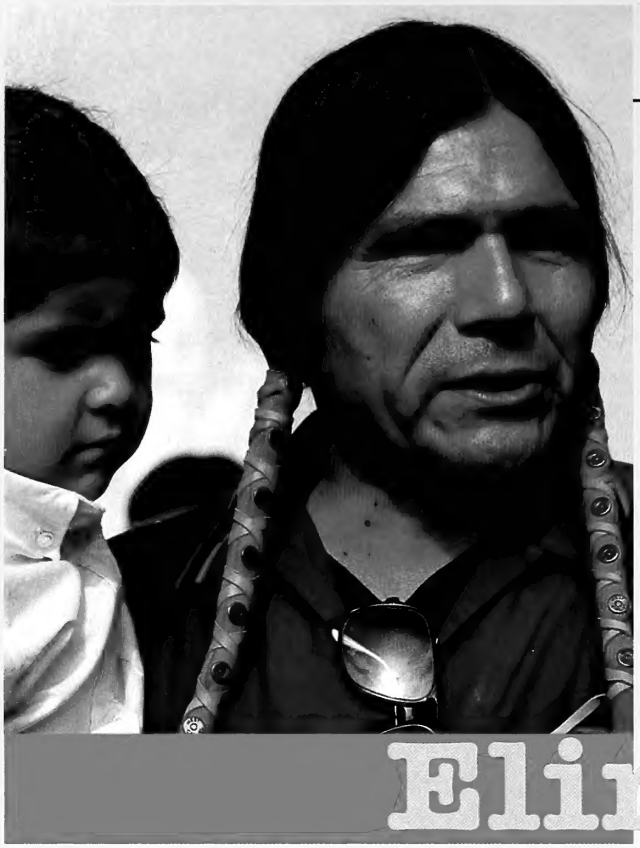
Health Resources and Services Administration (HRSA)

Prepared by the HRSA Workgroup for the Elimination of Health Disparities

Workgroup Co-Chairs
Marilyn Hughes Gaston, M.D.
Associate Administrator, HRSA
Director, Bureau of Primary Health Care

M. June Horner
Director, Office of Minority Health
HRSA

Workgroup Members
Jeanean Willis (OMH)
Felicia Collins (BPHC)
Deborah Parham (HAB)
Stella Yu (MCHB)
Anita Moncrease (BHPr)
Blanca Fuertes (ORHP)
Melissa Clarke (OPEL)
Jessica Townsend (OPEL)
Elijah Martin (OMH)
Bradford Perry (OMH)
Julie Stellman Moreno (BPHC)
Pablo Magaz (HAB)
Jane Martin (OFO)
Sabrina Matoff (OWH)
D.W. Chen (OSP)
Karen Sleezer (OAT)
Tamara Allen (CMC)
Richard Sayre (OC)



Eliminating Health Disparities

TABLE OF CONTENTS

TABLE OF CONTENTS

A Note to the Audience

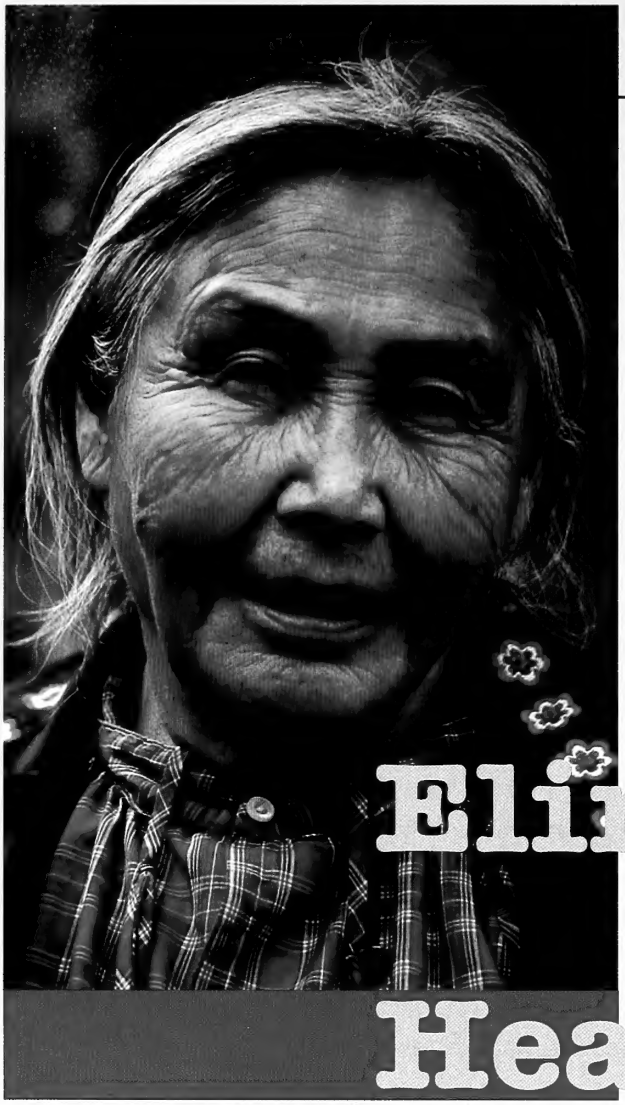
With great enthusiasm, I present the Health Resources and Services Administration's (HRSA) strategies and activities for the elimination of health disparities in the United States. The publication describes HRSA's overarching goal of 100% access to health care and 0 health disparities and outlines the Agency's new strategic direction for obtaining this goal. The document also contains detailed information about the Agency's current and future activities related to health disparities and to the Federal Department of Health and Human Services' 1998 Initiative to Eliminate Racial/Ethnic Disparities in Health.

This publication is intended for a variety of audiences and serves to increase the readers' understanding and awareness of "health disparities" and the strategies that HRSA is utilizing to eliminate the unequal burden of disease experienced by many populations. We urge those in need of quality health care to not only utilize HRSA-supported programs, but to also become an advocate for them. Community health workers and other health care providers are encouraged to join those providers who have already committed to delivering culturally competent, high quality health care at HRSA-supported programs. Aware that this battle cannot be fought by government alone, the Agency is seeking new and enhanced partnerships with public health organizations, foundations, private industry, local and state health departments, legislators, and other Federal agencies to increase the availability and impact of programs that address the needs of disadvantaged populations.

HRSA is committed to implementing strategies and activities that will eliminate the disparities in health among our Nation's vulnerable populations. We look forward to working with you in this endeavor.

Claude Earl Fox, M.D., M.P.H.
Administrator
Health Resources and Services Administration

Eliminating Health Disparities



Eliminating Health Disparities

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA) is a champion in the battle against health disparities in the United States. As the "Access Agency," HRSA programs historically have assured access to high quality, culturally competent health care for underserved, vulnerable, and special-needs populations. Approximately 60 - 70% of all people served by HRSA programs are people of color, and an equally high percentage are people who have incomes below 200 percent of the Federal poverty level. HRSA has a long history of serving U.S. populations that experience poor health status based on race/ethnicity, income, gender, insurance status, rural or urban geographic location, age, sexual orientation, housing status, and occupation. HRSA supports over 80 major programs with a budget of $4.8 billion in Fiscal Year (FY) 2000 and its programs leverage funds from other sources that equal four to six times the amount invested by the Federal government.

In 1999, the Agency structured its strategic plan around the goal of "100% Access and 0 Health Disparities." HRSA-supported programs strive to eliminate health disparities by expanding health care access for vulnerable populations and implementing targeted health disparity activities that have a clinical or crosscutting focus. Such programs typically provide both health care access and targeted health disparity activities simultaneously in an integrated fashion. Consequently, both HRSA's access and targeted health disparity budgets are not exclusive of one another but instead overlap.

Promoting and expanding access to health care is a critical component of HRSA's work to eliminate health disparities. HRSA programs work to improve the health care delivery system and support health care providers that serve as the health care safety net. The Agency also promotes workforce diversity and cultural competence among health professionals. HRSA's activities that focus on promoting or expanding health care access include primary health care centers, the National Health Service Corps, HIV/AIDS programs, maternal and child health activities, health professions training, rural health programs, organ donation and transplantation initiatives, and telehealth activities. The Agency's budget for such access-related activities was 4.1 billion in FY 2000 and is expected to be approximately 4.3 billion in FY 2001.

Implementing targeted clinical or crosscutting health disparity activities is another way in which HRSA strives to eliminate health disparities. Many of the targeted health disparity activities are related to the clinical areas of focus in Healthy People 2010 and the 1998

Initiative for the Elimination of Racial/Ethnic Disparities in Health of the Federal Department of Health and Human Services (DHHS). These clinical areas are diabetes, cardiovascular disease, infant mortality, HIV/AIDS, cancer screening and management, and immunizations. Other HRSA health disparity activities focus on issues related to oral health, mental health and substance abuse, asthma, cultural competence, diversifying the health care workforce, domestic violence, health care for people living near the U.S.- Mexico border (border health), and health issues related to lesbian, gay, bisexual, or transgender populations. HRSA's total budget for these targeted health disparity activities was approximately $2.1 billion in FY 2000. The Agency anticipates that this budget will increase to 2.3 billion in FY 2001.

For FY 2001, HRSA has adopted a new strategic direction for health disparities. It has created an Agency-wide definition of a ***health disparity: a population-specific difference in the presence of disease, health outcomes, or access to care.*** HRSA also has established eight health disparity substrategies that provide the framework for the HRSA-Wide Health Disparities Initiative. Through this initiative, HRSA's operating units will continue their current activities that promote access to quality health care and eliminate health disparities. HRSA will increase the coordination of these health disparity activities by establishing an integrated, Agency-wide focus in eight areas: (1) reducing the incidence/prevalence of disease and morbidity/mortality in targeted clinical areas; (2) increasing health care utilization for underserved populations; (3) focusing on target populations; (4) diversifying the health care workforce; (5) increasing the cultural competence of the health care workforce; (6) enhancing and establishing new partnerships; (7) translating knowledge into clinical practice; and (8) enhancing data collection. Through these activities, HRSA will continue to play a pivotal role within the Federal government regarding the elimination of health disparities for all people living in the U.S.

INTRODUCTION

What is the Health Resources and Services Administration?

The Health Resources and Services Administration (HRSA) is a champion in the battle against health disparities in the United States. As the "Access Agency," HRSA has a long tradition of serving U.S. populations that experience poor health status and health disparities based on race/ethnicity, gender, income, insurance status, rural or urban geographic location, age, sexual orientation, housing status, and occupation. For example, approximately 60 - 70% of people served by HRSA programs are people of color, and an equally high percentage of people have incomes below 200 percent of the Federal poverty level. Historically, HRSA programs have assured access to high quality, culturally competent health care for underserved, vulnerable, and special-needs populations. The Agency supports over 80 major programs with a budget of $4.8 billion in Fiscal Year 2000 and leverages funds from other sources that equal four to six times this amount invested by the Federal government.

In 1999, HRSA formalized its commitment to the elimination of health disparities by structuring its strategic plan around the goal of "100 Access and 0 Health Disparities." Consequently, every HRSA program and activity is in some way related to the goal of eliminating health disparities. Through its programs, HRSA has established a continuum of activities to analyze and address issues related to increasing health care access and eliminating health disparities.

Eliminating

Health

Disparities

Who Does HRSA Serve?

In Fiscal Year 1999:

- 60% of the Nation's African American infants, 70% of the Nation's Asian/Pacific Islander infants, 59% of the Nation's Native American/Alaska Native infants, and 40-60% of the Nation's Hispanic/Latino infants were served by HRSA-supported maternal and child health programs.
- Over 2 million pregnant women obtained health and related services from Title V supported programs and over 60 Healthy Start Communities.
- 9 million medically underserved clients received health care services at HRSA-supported health centers through 40 million health encounters at approximately 3,000 sites. Two-thirds of these clients were people of color: 34% were Hispanic/Latino, 26% were African American/Black, and 4% were Asian, Native Hawaiian or other Pacific Islander, or American Indian/Alaska Native. 41% of clients were uninsured, and 85% had incomes at or below 200% of poverty. Over 450,000 clients were homeless, and 500,000 were migrant or seasonal farm workers.
- People living with HIV/AIDS accessed over 2.8 million health care visits through HRSA-supported HIV/AIDS programs. Two-thirds of these clients were people of color: 44% were African American/Black, 21% were Hispanic/Latino, and 1% were Asian, Native Hawaiian or other Pacific Islander, or American Indian/Alaska Native. 39% had no insurance coverage.
- 4 million people residing in Health Professions Shortage Areas were served by 2,500 clinicians serving in the HRSA-supported National Health Service Corps.
- 2 million people residing in rural areas had access to health care via HRSA-supported rural health programs. 70% of these people were either uninsured or recipients of Medicaid or Medicare.
- Over 250 rural communities had access to primary health care, specialty care, or educational services supported by over 60 HRSA telehealth grants.
- Health professions programs received financial support from HRSA and graduated 2-5 times more people of color and disadvantaged students than other health professions programs.

THE ROLE OF HRSA IN THE ELIMINATION OF HEALTH DISPARITIES

The Challenge

Health care in the United States is among the best in world with astonishing technologies and new treatments that offer hope to all those fortunate enough to access them. However, people of color and other vulnerable populations are more likely to experience health care barriers and to suffer from high rates of disease and early death. According to *Healthy People 2010*, this too is the picture of health care in America at the beginning of the 21st century:

- African American men have a rate of prostate cancer that is double that for white men.
- Women of Vietnamese origin in the United States suffer from cervical cancer at nearly five times the rate for white women.
- Although African Americans and Hispanics represented an estimated 25% of the total U.S. population in 1998, 55% of the reported AIDS cases occurred among these two population groups.
- The infant mortality rate for African Americans is more than double that of whites. The rate for American Indians and Alaska Natives is almost double that of whites.
- The Pima Indians of Arizona have one of the highest rates of diabetes in the world.
- Injury-related death rates are 40% higher in rural populations than in urban populations.
- Women have shown increased death rates over the past decade in areas where men have experienced improvements, such as lung cancer.
- Evidence suggests that lesbians have higher rates of smoking and obesity than heterosexual women.

Populations can suffer from health disparities based on race/ethnicity, gender, age, income, insurance status, rural or urban geographic location, sexual orientation, housing status, occupation, or health behaviors. These population-specific differences in the presence of disease, health outcomes, or access to health care are **"health disparities."** Reasons for health disparities include differences in risk factors, lack of access to health care,

inadequately targeted prevention messages, and cultural differences between the health care system and the populations it serves. A growing amount of evidence shows that many women and people of color receive less complete or less intensive health care. A study published in the *New England Journal of Medicine* found that race and gender influenced the quality of treatment given to patients with cardiovascular disease (Schulman, *NEJM*, February 25, 1999). In other cases, health behaviors are a significant factor contributing to illness and disease. With the need for action clearly defined, HRSA is aggressively contributing to the Federal government's effort to eliminate health disparities by working to increase access to culturally competent, high quality health care that emphasizes prevention, self-care, and the provision of enabling services.

HRSA'S SOLUTION

The Health Resources and Services Administration has a unique and compelling goal:

To assure 100% access to health care and 0 health disparities.

The goals of 100% access and 0 health disparities are not linked by chance. Many of the groups that suffer from health disparities are unable to access needed health care services due to their very low income or low educational level. In fact, the relationship between health disparities and socioeconomic status is so strong that income and educational level often serve as proxy measures for health status.

Providing health care access to all people in the U.S. will likely reduce health disparities. However, access alone will not eliminate the health disparities experienced by vulnerable populations. Providing access to health care will not automatically address the many individual, population-based, and societal factors that result in health disparities. Therefore, HRSA believes that the elimination of health disparities requires both expanded health care access and targeted clinical and crosscutting health disparity activities.

HOW HRSA PROMOTES AND EXPANDS ACCESS TO HEALTH CARE

HRSA is firmly dedicated to the principle that all people deserve equal access to comprehensive, culturally competent health care regardless of race/ethnicity, gender, age, income, insurance status, rural or urban geographic location, sexual orientation, housing status, or occupation. But HRSA's definition of access to care means far more than just getting a foot in the door of a health care facility. To HRSA, "health care access" means that patients enter a comprehensive system of culturally competent, high quality medical care. Health care access includes access to enabling services that encourage patients to seek primary and preventive care on a regular basis, such as interpretation, transportation, outreach, and case management services. It means that patients have regular, needed contact with health promotion and health education services that are critical to promoting healthy behaviors. Health care access includes access to important additional support services, such as housing assistance, Medicaid counseling, and food support programs. Many of these services are provided on site by HRSA-supported programs.

Delivering quality health care to those who live outside the economic and medical mainstream is a daunting challenge. Nearly one in five U.S. residents -- almost 44 million people -- lack health insurance. According to a HRSA-sponsored report of the Institute of Medicine (IOM) entitled *America's Health Care Safety Net: Intact but Endangered*, an equally large number of people are underinsured. The IOM report focused on the financial viability of health care providers who primarily serve poor, uninsured, and other vulnerable populations. Collectively know as the health care safety net, these providers rely on an increasingly uncertain and insufficient patchwork of grants and subsidies. The IOM concluded that the Nation's health care safety net, while intact for the short term, is endangered over the long term by shrinking resources and expanding uncompensated care. The IOM further recognized that countless other providers serve individuals who are poor, uninsured, or otherwise vulnerable without receiving grants or subsidies. The ability of these providers to meet their patients' needs is likewise endangered. Ensuring the ability of safety net providers and other providers to care for poor, uninsured, and other vulnerable populations is critical to HRSA's goal of 100% Access and 0 Health Disparities. Access-related activities accounted for a significant portion of HRSA's $4.8 billion budget in FY 2000. The impact of these programs was multiplied four to six times by funds leveraged from other sources.

HRSA activities that promote health care access include supporting local safety net providers, working to improve health care delivery systems, and increasing diversity and cultural competence of the health professions workforce. The strength and stability of the following activities will continue to be a leading priority for HRSA:

- **Primary Health Care Centers and the National Health Service Corps.** Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, Health Schools and Healthy Communities Programs, Pubic Housing Primary Care Programs and the National Health Service Corps (NHSC) comprise the bedrock of the health care safety net in more than 4,000 communities nationwide. These facilities and clinicians provide access to family-oriented preventive and primary health care services for more than 12 million people who live in medically underserved rural and urban communities. Funding for these health centers and the NHSC is administered by HRSA's Bureau of Primary Health Care and totaled $1.2 billion in FY 2000.

- **HIV/AIDS services.** Since 1990, HRSA's HIV/AIDS Bureau has administered the Ryan White CARE Act and overseen the spending of approximately $8 billion for essential primary care and support services for people living with or affected by HIV/AIDS. In 1998,

55% of people with AIDS in the U.S. were people of color and more than 66% of clients receiving services from HRSA-supported State programs were people of color. The CARE Act also provides opportunities for people living with HIV to voluntarily participate in research of potential clinical benefit. The Act also supports studies to assess the effectiveness of innovative models of HIV care and program design and supports replication of models shown to be effective. HRSA's FY 2000 spending for HIV/AIDS services totaled $1.6 billion.

- **Maternal and Child Health.** The Agency's Maternal and Child Health Bureau has the primary Federal responsibility for promoting and improving the health of mothers and children. Through the Maternal and Child Health (MCH) Block Grant, HRSA supports States' efforts to provide comprehensive care for women during and after pregnancy and childbirth. MCH Block Grant activities include programs that reduce infant mortality, immunize infants, and reduce adolescent pregnancy. FY 2000 funding for the MCH Block Grant was $709 million. Overall, 53% percent of African American women, 61% of Asian/Pacific Islander women and 57% of Hispanic women who gave birth in 1998 were served by a HRSA-supported MCH program. HRSA funding for all MCH services was $873 million in FY 2000.

- **Health Professions Training.** HRSA provides National leadership that promotes diversity in the health professions workforce. For example, the Centers of Excellence Program serves as a National educational center for diversity and minority health issues. In addition, the Health Careers Opportunity Program strives to increase the pool of competitive health professions training applicants from disadvantaged backgrounds. A survey of twelve medical professions found that graduates of HRSA-supported training programs are three to ten times more likely to practice in low income, medically underserved communities.

Additionally, these graduates are two to five times more likely to be people of color or members of another disadvantaged group. In FY 2000, HRSA provided $342 million to support training programs and clinicians that increase the ability of the health professions workforce to meet the needs of the public.

- **Rural Health.** Almost a quarter of the U.S. population lives in rural areas, yet only an eighth of the Nation's doctors work there. HRSA is the only entity within the Federal government that specifically advocates for access to health care in rural America. Because rural families earn less than urban families, many health problems of rural residents are associated with poverty, such as chronic diseases and infant mortality. HRSA's Office of Rural Health Policy utilizes policy, research, and grant programs to help eliminate health disparities for rural communities. Working with all levels of government and with private associations, foundations, health care providers, and community leaders, the Agency seeks solutions to the problems faced by rural health care providers and consumers. HRSA's FY 2000 budget for rural health care programs was $77 million.

- **Organ Donation and Transplantation.** People of color and other disadvantaged persons are disproportionately affected by many acute and chronic diseases that lead to end organ failure and the need for organ, tissue, or bone marrow transplantation. HRSA's Office of Special Programs regulates the National Organ Procurement and Transplantation Network to assure the fair and equitable allocation of organs. The network also promotes public education and research to increase the supply of donated organs and tissues and recruits people of color as volunteer bone marrow donors. HRSA's FY 2000 funding for organ donation and transplantation totaled approximately $28 million.

- **Telehealth.** HRSA's Office for the Advancement of Telehealth improves access to quality health care by advancing the use of telehealth technologies. Through telemedicine and distance learning, it is possible to provide education, training, and health care in communities that previously had no access to these services. HRSA funding for telehealth activities was 21 million in FY 2000.

HRSA strives to strengthen the health care safety net by investing in new programs. The **Community Access Program** helps communities build partnerships with health care providers in order to broaden the range of available health care services. These partnerships will result in the provision of better health care to the Nation's uninsured

populations. Grantees are public or private entities that demonstrate a commitment to bridging health care service gaps and improving health outcomes for uninsured people. In FY 2000, HRSA awarded 20 grants of up to $1 million each.

Another new HRSA activity strives to improve health care access by increasing the affordability of health insurance through State programs. Under this program, HRSA has distributed $15 million to 10 States for one-year studies that identify uninsured people within each State and design proposals for providing them access to health insurance. Grantees will develop statewide systems that offer uninsured people quality, affordable health insurance similar to that provided to Federal and State employees.

HRSA'S TARGETED HEALTH DISPARITY ACTIVITIES

HRSA recognizes that access to health care services alone will not eliminate health disparities in the U.S. Access to health care services does not address many factors that impact health disparities, such as population-specific differences in risk factors for illness, lack of prevention messages with a specific clinical or population focus, biases of the health care system towards women and people of color, and inadequate utilization of self-care principles and health promoting services by vulnerable populations. In response, HRSA has implemented targeted clinical and crosscutting health disparity activities as a means of eliminating the unequal burden of disease among various populations.

Many of HRSA's targeted health disparity activities are related to the clinical areas of Healthy People 2010 and the 1998 Initiative for the Elimination of Racial/Ethnic Disparities in Health of the Federal Department of Health and Human Services:

- Diabetes
- Cardiovascular disease
- Infant mortality
- HIV/AIDS
- Cancer screening and management
- Immunizations

These six clinical issues were chosen as areas of focus for two reasons. They represent a major portion of the health problems in low income, rural, and urban communities and in people of color. The elimination of population-specific differences in the presence of these diseases or their related health outcomes would significantly improve the overall health status of these vulnerable communities. These clinical issues were also selected

because National health experts currently have baseline data that will be needed to monitor progress in the elimination of the related disparities. HRSA has joined the efforts of other Federal agencies by devoting significant attention and resources to addressing the health disparities in these six clinical areas:

Diabetes

In FY 2000, HRSA spent $53.5 million on programs to prevent and treat diabetes. The largest of these programs is the Diabetes Collaborative, a quality improvement project that aims to delay or decrease the complications of diabetes for patients utilizing HRSA-supported health centers. HRSA's partners in the Diabetes Collaborative include the Institute for Healthcare Improvement, the Centers for Disease Control and Prevention, State diabetes control programs, State primary care associations, and the Bayer Corporation. Through this initiative, diabetes care and education have been substantially improved. 60% of health center clients receiving care at sites participating in the Diabetes Collaborative have received appropriate glycosolated hemoglobin testing while the National average across all U.S. health care settings is 20%.

Another HRSA-supported diabetes program has created informative brochures and distributed foot care products in order to prevent diabetic foot complications. In furthering this activity, HRSA has established partnerships with the Health Care Financing Administration and private entities such as the Congress of National Black Churches, the National Institute of Diabetes and Digestive and Kidney Disorders, the L.I.F.E Foundation, and WalMart.

Other HRSA grantees have offered diabetes-related services that included recognition of best practices in treatment, cultural competence training, prevention interventions for children, and telehealth services for patient education and treatment.

Cardiovascular Disease

Low income, rural and urban communities and people of color bear a disproportionate burden of cardiovascular illness. HRSA's commitment to reduce disability and death due to cardiovascular disease exceeded $67.3 million in FY 2000.

The Agency's Rural Health Research Grant Programs have supported many projects and studies designed to enhance the quality of care and decrease related complications of cardiovascular disease. These projects include screenings, preventive services and education, and the creation of clinician networks that provide a continuum of cardiovascular services.

HRSA-supported health centers also have actively engaged issues related to cardiovascular disease. A 1995 survey revealed that African Americans and Hispanic hypertensive patients at HRSA-supported health centers were three times more likely to report controlled blood pressure than comparable populations treated at other facilities.

The Rural Telemedicine Grant Program has provided specialty care and continuing medical education services in rural communities where cardiologists, nutritionists, vascular surgeons, and other specialists are rare or non-existent. In fact, cardiology is one of the top three consultative services provided through the Rural Telemedicine Grant Program.

Infant Mortality

In FY 2000, HRSA invested $364.9 million in programs that reduce infant mortality. These programs targeted a variety of populations including low income women and children, rural and urban populations, and people of color. The most prominent initiative is the Healthy Start Program. This initiative began in 1991 and was founded on the premise that communities themselves could best develop strategies necessary to attack the causes of infant mortality and low birth- weight, especially among high-risk populations. The objective of this program is to develop and expand

integrated, community-based services to reduce rates of infant mortality and low birthweight and to increase well-baby care. Infant mortality rates for African Americans participating in the Healthy Start Program fell from 19.1 per 1000 between 1989-1991 to 14.4 per 1000 in 1995.

At HRSA-supported health centers, clinicians also have focused on decreasing the rate of infant low birthweight. In 1998, African American women utilizing community health center services delivered infants with an overall low birthweight rate that was 28% lower than that of the overall African American population. Other HRSA grantees developed methods to enhance maternal and child health data collection, research, and policy development that ultimately resulted in quality improvements in health care for mothers and children.

HIV/AIDS

The Ryan White CARE Act is the largest HIV/AIDS program administered by HRSA. This program addresses the lack of both general and specialized care that jeopardizes the health of people with HIV/AIDS. Many that live with HIV have multiple health problems, such as tuberculosis, addictions, or mental health disorders, and require comprehensive health care services. Building greater capacity to provide quality HIV/AIDS care in communities of color is essential in order to eliminate related health disparities suffered mainly by African Americans and Hispanics. HRSA-supported programs have provided primary medical care, oral care, social support services, referrals to clinical trials, peer education, assistance to children orphaned due to AIDS, prevention activities to reduce the transmission of the virus, medication for uninsured people, and innovative models of HIV/AIDS care. In the battle against HIV/AIDS, HRSA has partnered with the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the National Institutes of Health, and other Federal and State agencies. With a FY 2000 budget of $1.1 billion, HRSA programs have improved the quality and availability of care and health outcomes for low income and uninsured people and people of color living with HIV/AIDS.

Cancer Screening and Management

In FY 2000, HRSA contributed $32.2 million to projects focused on various aspects of cancer prevention, screening, treatment, and research. Through these activities, HRSA has developed partnerships with faith-based organizations, lay health promoters,

community health centers, and gay and lesbian health centers. Partnering has facilitated the enlistment of community resources in order to address cultural and other issues that impede access to quality health care for people of color, people with low income, rural and urban residents, and other at-risk populations that are disproportionately affected by cancer. HRSA is convinced that these programs make a real difference, as seen in the results of its Community Health Center User/Visit Study. According to the 1995 survey, women utilizing services at community health centers exceeded a comparable population and Healthy People 2000 objectives for obtaining appropriate clinical breast examinations, mammography services, and pap smear examinations. In many cases, these women also exceeded the targets for cancer screening and management set in Healthy People 2010.

Immunizations

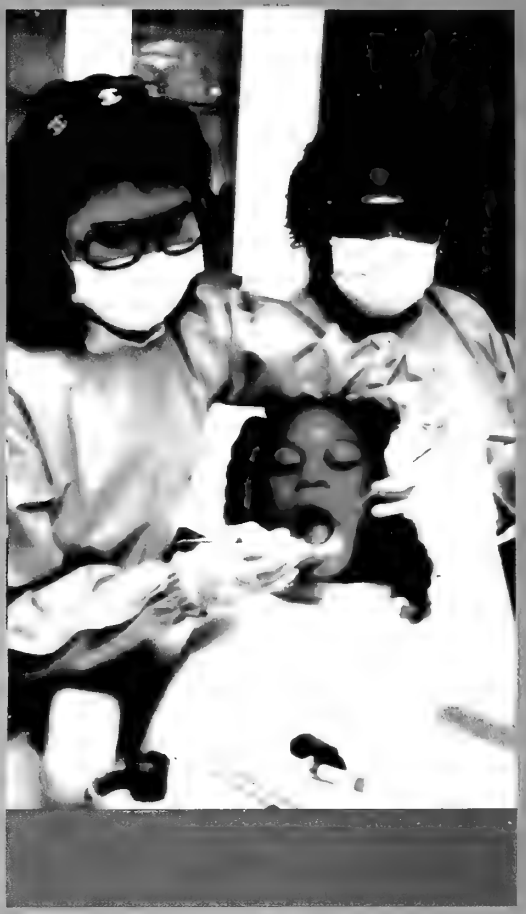
Through the Agency's Together for Tots Program, State and community-based systems have been created to enhance immunization rates of infants and children. In addition, in FY 2000, approximately 2000 youth received the hepatitis vaccine as a direct result of the Hepatitis Immunization Initiative of HRSA's Healthy Schools and Healthy Communities Program. Other HRSA-supported programs provided vaccinations in a variety of settings that included mobile health care vans, health clinics in small communities, social service agencies, and senior centers. Overall, in FY 2000, the Agency spent $15.2 million to further eliminate the disparity in immunization rates for the elderly and children who have low family income, reside in rural areas, or are people of color.

OTHER HRSA INITIATIVES

The Agency also has devoted attention and resources to additional clinical and cross-cutting areas in which health disparities exist based upon race/ethnicity, income, gender, insurance status, rural or urban geographic location, age, sexual orientation, housing status, or occupation. The areas include oral health, mental health and substance abuse, asthma, cultural competence, diversifying the health care workforce, domestic violence, health care for people living near the U.S. - Mexico border (border health), and health care issues related to lesbian, gay, bisexual, and transgender populations.

Oral Health

The level of untreated dental cavities is 46% in African American children, 36% in Hispanic children, and 26% in white children, resulting in lost school days, loss of self-esteem, needless pain and suffering, and in extreme cases, death (Healthy People 2010).



In FY 2000, HRSA committed $104.6 million to programs and activities that improve the oral health care received by vulnerable populations, especially children. The largest activity is an interagency program sponsored by HRSA and the Health Care Financing Administration (HCFA). The HRSA-HCFA Oral Health Initiative has three goals:

- To strengthen public and private oral health delivery systems;
- To enhance collaboration among agencies to maximize access; and
- To apply science to reduce disease burden in underserved populations.

Other partners in this initiative include the Indian Health Service, the Centers for Disease Control and Prevention, the National Institute for Dental and Craniofacial Research, the Agency for Health Care Research and Quality, Head Start, and the Department of Agriculture's Food and Nutrition Services Program known as WIC. Other HRSA programs provide funds to expand available oral health care services to health center clients and rural populations and telemedicine services to providers working near the U.S. - Mexico border.

Mental Health and Substance Abuse

Women are 2 times more likely to be affected by major depression (Healthy People 2010).

HRSA's mental health and substance abuse projects have included activities related to the prevention of fetal alcohol syndrome, substance abuse education for health professions training programs, and clinical quality improvement activities regarding the diagnosis and management of depression. Over 50% of HRSA-supported health centers provide mental health services. HRSA has also supported several activities such as the development of documents to screen for substance abuse during pregnancy and to delineate research gaps in the area of depression in women. Mental health services are one of the top three types of care provided by HRSA-supported telemedicine projects. Several telemedicine projects provided extensive substance abuse counseling, psychiatric evaluation, and other mental health services in rural communities. HRSA has funded a variety of studies related to the health care needs, treatment adherence, and health outcomes of people with HIV/AIDS and mental health and/or substance abuse disorders. Funding for the Agency's mental health and substance abuse programs totaled $61.2 million in FY 2000.

Asthma

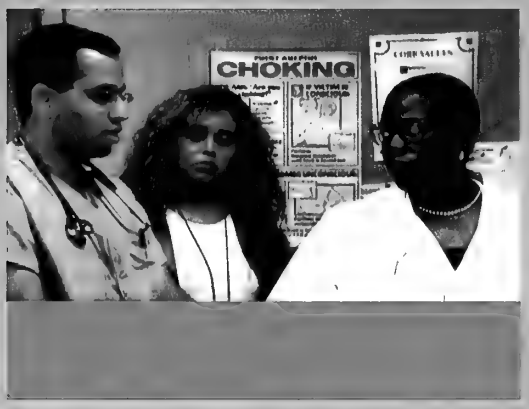
Death from asthma is two to six times more likely to occur among African Americans and Hispanics than among whites (Healthy People 2010).

In FY 2000, HRSA contributed $29.9 million to programs that reduce disparities in asthma management and complications for low income children, children of color, and rural populations. One such project is the Asthma Collaborative, a clinical quality improvement project designed to improve the diagnosis and management of asthma for patients utilizing HRSA-supported health care centers. HRSA also funded activities connecting tertiary care asthma specialists to outreach workers and primary care providers who wanted to develop local asthma management programs.

Cultural Competence

Data from the 1990 census revealed that the number of persons that spoke a language other than English at home rose by 43% to 28.3 million. Of these, nearly 45% indicated that they had trouble speaking English (U.S. Census Bureau).

HRSA asserts that increasing the cultural competence of health care systems ultimately will result in reduced health disparities. A model for other government agencies, HRSA's Cultural Competence Committee is facilitating the integration of cultural competence into all policies of its headquarter staff. Of equal importance, the HRSA-supported National Center for Cultural Competence is assisting in the adoption of culturally competent values and practices at HRSA-supported health centers, State and local maternal and child health programs, and National Health Service Corps sites. HRSA also has funded the development of a variety of cultural competence training materials for clinicians and health professions students. In FY 2000, HRSA's total budget for cultural competence activities was $1.4 million.



Diversifying the Health Care Workforce

In 1995-1996, all of the Schools of Public Health combined awarded only seven doctoral degrees to African Americans. In addition, less than 10 percent of health professionals are underrepresented racial/ethnic minorities [from African American, Native American, Mexican American/Chicano, or mainland Puerto Rican communities] (National Center for Workforce Information and Analysis, Bureau of Health Professions, HRSA).

HRSA recognizes the importance and necessity of training health professionals of color as a means to eliminating health disparities. HRSA and has invested approximately $328.1 million in FY 2000 to support activities that diversify the health care workforce based on race/ethnicity. The programs have maintained the number of underrepresented minority (URM) practitioners providing primary health care and HIV/AIDS care in medically underserved communities. HRSA's Centers of Excellence Program serves as a catalyst for institutionalizing a commitment to URMs and as a National educational center for diversity and health issues for communities of color. Another success is the Health Careers Opportunity Program (HCOP). HCOP activities

have increased the pool of students from disadvantaged backgrounds that enter and graduate from health professions programs. As a result of HRSA's continued efforts in this area, HRSA-supported health professions training programs graduate two to five times more people of color and other disadvantaged students than other health professions training programs. Studies also have shown that graduates of HRSA-supported health professions training programs are three to ten times more likely to practice in underserved areas than their peers.

Domestic Violence

31% of all women have been kicked, punched, hit, choked, or otherwise physically abused by a spouse or partner in their lifetime (1998 Survey of Women's Health, The Commonwealth Fund).

In FY 2000, HRSA invested $0.7 million in activities that addressed a wide spectrum of family and intimate partner violence, including spousal or partner abuse and abuse against women, children, and the elderly. HRSA's Steering Committee on Domestic Violence sponsored a National satellite broadcast training series on domestic violence that was viewed in 47 States by health care providers, health maintenance organizations (HMOs), rural health associations, academic institutions, women's shelters, and law enforcement agencies. The series also has been rebroadcast by cable companies in nine cities throughout the United States. In Philadelphia alone, the rebroadcast was viewed by 350,000 people. Other HRSA-supported activities provided domestic violence services to rural and public housing residents.

Health Care for People Living Near the U.S. - Mexico Border (Border Health)

3 million of the 11 million people living near the U.S.- Mexico border are uninsured (HRSA Border Health Program).

HRSA recognizes that people living near the U.S. - Mexico border often suffer from a high incidence of disease and disability. HRSA has supported programs and activities that increase access to health care services with the goal of reducing health disparities for this population. In several cases, the Agency has partnered with the Immigration and Naturalization Service in order to promote the health of people living near the U.S. - Mexico border. A program of note is Ten Against Tuberculosis which is designed to prevent the spread of tuberculosis among border populations. The program consists of ten U.S. and Mexican border State health departments that have joined together to improve bi-national cooperation in tuberculosis prevention and control efforts. HRSA has also worked to improve early detection of HIV and use of health care services for persons with HIV living near the U.S. - Mexico border.

In most cases, HRSA serves this population through programs and activities related to the previously described clinical and crosscutting areas. Consequently, HRSA's funding for border health activities has been included in the budget for each respective targeted clinical or crosscutting area.

Health Care Issues Related to Lesbian, Gay, Bisexual, and Transgender Populations

Gay male adolescents are 2 to 3 times more likely than their peers to attempt suicide. In addition, some evidence suggests that lesbians have higher rates of smoking, obesity, alcohol abuse, and stress than heterosexual women (Healthy People 2010).

HRSA recognizes the unique health needs of the lesbian, gay, bisexual, and transgender (LGBT) communities. Major health issues for gay men include HIV/AIDS and other sexually transmitted diseases, substance abuse, depression, and suicide. The issues surrounding personal, family, and social acceptance of sexual orientation can place a significant burden on the mental health and personal safety for all LGBT populations.

Underserved people of other sexual orientation routinely are among the many other people who receive health care services at HRSA-supported Community Health Centers, Migrant Health Centers, Public Housing Primary Health Care Programs, Health Care for the Homeless Programs, and Ryan White CARE Act Programs. Therefore, HRSA's funding for services for underserved LGBT populations is incorporated in the budgets of these programs. HRSA also supports primary care services in some of the Gay and Lesbian Community Services Centers, and there are plans to fund primary care services in additional Gay and Lesbian Community Centers.

Over the past decade, the Agency has supported studies to develop the cultural competence of providers who serve LGBT populations. HRSA has supported a Cultural Diversity Curriculum series for social workers and health practitioners. The series addresses six population groups, including lesbian, gay, bisexual, and transgender people. In 1999, HRSA funded the Gay and Lesbian Medical Association (GLMA) to produce a comprehensive white paper that set forth the evidence for LGBT health disparities and contributed to the development of a strategic plan for addressing LGBT health disparities across the agencies of DHHS. In 1999, HRSA supported GLMA to partner in the development of a Healthy People 2010 Companion Document on LGBT Health Disparities. A HRSA Steering Committee on LGBT Health Disparities was formed to work with the LGBT Health Coalition that was brought together by GLMA in order to create the companion document.

HRSA'S Budget for Eliminating Health Disparities

Virtually every HRSA activity is in some way related to the goal of eliminating health disparities. HRSA-supported programs strive to eliminate health disparities either by expanding health care access for vulnerable populations or implementing targeted health disparity activities that have a clinical or crosscutting focus. In reality, HRSA programs typically provide both health care access and targeted health disparity activities simultaneously, making it difficult to separate HRSA funds that are exclusive to access-related activities from those used to support targeted health disparity activities. Consequently, the Agency's access budget includes some funding also listed in the targeted health disparity budget and vice versa.

Promoting access to culturally competent, high quality health care that emphasizes prevention, self-care, and the provision of enabling services is a critical component of HRSA's work to eliminate health disparities. HRSA's budget in this area includes access-related activities that support local safety net providers, improve health care delivery systems, and increase diversity and cultural competence of the health professions workforce. The Agency's budget for access-related activities was 4.1 billion in FY 2000 and is expected to be approximately 4.3 billion in FY 2001.

Implementing targeted clinical or crosscutting health disparity activities is another way in which HRSA strives to eliminate health disparities. The Agency's targeted health disparity budget supports the six clinical areas related to the DHHS Initiative for the Elimination of Racial/Ethnic Disparities in Health. This budget also supports six additional clinical or crosscutting areas that HRSA believes are critical issues that impact health disparities. The total budget for targeted health disparity activities was 2.1 billion in FY 2000. The Agency anticipates that this budget will increase to 2.3 billion in FY 2001.

HRSA's Budget for Access-Related Activities*

	FY 2000 (millions)	*FY 2001 (millions)*
HIV/AIDS Services	$1,590	$1,720
Primary Health Care Centers/ National Health Service Corps	$1,160	$1,210
Maternal and Child Health	$ 873	$ 869
Health Professions Training	$ 342	$ 298
Rural Health	$ 77	$ 73
Organ Donation and Transplantation	$ 28	$ 33
Telehealth	$ 21	$ 6
Community Access Program	$ 40	$ 125
Total HRSA Access Budget	**$4,131 or 4.1 billion**	**$4,334 or 4.3 billion**

*Access budget overlaps with targeted health disparity budget.

HRSA's Budget for Targeted Health Disparity Activities*

	FY 2000 (millions)
HIV/AIDS	$1,081.0
Infant Mortality	$ 364.9
Diversifying the Health Care Workforce	$ 328.1
Oral Health	$ 104.6
Cardiovascular Disease	$ 67.3
Mental Health and Substance Abuse	$ 61.2
Diabetes	$ 53.5
Cancer Screening and Management	$ 32.2
Asthma	$ 29.9
Immunizations	$ 15.2
Cultural Competence	$ 1.4
Domestic Violence	$ 0.7
Total HRSA Targeted Health Disparity Budget[1]	**$2140 or 2.1 billion**

*Targeted health disparity budget overlaps with access budget.

1 Funding for targeted health disparity activities related to lesbian, gay, bisexual, and transgender populations and people living near the U.S. - Mexico border is incorporated in the funds for each targeted clinical or crosscutting area.

Eliminating Health Disparities

FUTURE DIRECTIONS FOR HRSA

HRSA's Strategic Direction for Health Disparities

All HRSA activities are centered on the goal of assuring 100% access to health care and 0 health disparities for people living in the U.S. In support of this goal, HRSA's Strategic Plan identifies four long-range strategies, one of which is to eliminate disparities. The Agency currently supports a wide variety of activities intended to eliminate health disparities for vulnerable populations (see Appendix for a detailed listing of HRSA's current activities and strategic plan).

To enhance the focus on the elimination of health disparities, HRSA has established eight health disparity substrategies that provide the framework for the **HRSA-Wide Health Disparities Initiative**. Through this initiative, HRSA's operating units will continue their current activities that promote access to quality health care and eliminate health disparities. Beginning in FY 2001, HRSA will increase the coordination of these health disparity activities by establishing an integrated, Agency-wide focus on the following eight substrategies:

Substrategy 1: Reduce the incidence/prevalence of disease and morbidity/mortality in targeted clinical areas. During the Initiative, HRSA's health disparity activities will primarily focus on ten areas. Six of the clinical areas are also targeted in the 1998 DHHS Initiative for the Elimination of Racial/Ethnic Disparities in Health. The remaining areas include conditions for which the Surgeon General and/or HRSA has devoted increased attention and resources during FY 2000:

- Diabetes
- Cardiovascular disease
- Infant mortality
- Immunizations
- Cancer screening and management
- HIV/AIDS
- Mental health and substance abuse
- Oral health
- Asthma
- Domestic violence

During FY 2001, HRSA's operating units will continue to support a wide variety of activities related to these areas that will now be coordinated across the Agency. In FY 2002, HRSA anticipates implementing several new activities for each of the targeted areas.

Substrategy 2: Increase health care utilization for underserved populations. Underserved populations often underutilize health care for a myriad of reasons and are not able to reap the benefits of preventive services and chronic disease management. In other cases, populations desire care, but they encounter barriers when trying to access services. In FY 2001, HRSA plans to increase the coordination and expansion of prior work related to removing health care barriers and establishing new health care access points for disadvantaged populations. The FY 2002 budget will include a new emphasis on supporting lay health workers and health educators to assist populations in understanding their health care needs.

Substrategy 3: Focus on target populations. HRSA will continue to support activities that serve populations suffering from health disparities based on race/ethnicity, gender, age, income, insurance status, rural or urban geographic location, sexual orientation, housing status, and occupation. However, as part of the Initiative, an Agency-wide focus will be established on the population-specific health disparities experienced by the following groups:

- Racial/ethnic groups
- Females and males
- People with low income
- Urban and rural residents
- Populations living near the U.S. - Mexico border
- Lesbian, gay, bisexual, and transgender populations

Substrategy 4: Diversify the health care workforce. HRSA acknowledges that the patient-provider relationship is often enhanced by ethnic, cultural, and linguistic concordance. The Agency strongly supports increasing the number of health care providers who are people of color. In FY 2001, HRSA will enhance the coordination of current health professions diversity activities. HRSA also anticipates implementing new projects in this area, including expanding partnerships with Historically Black Colleges and Universities and Hispanic Serving Institutions in FY 2002. For example, the Black Medical School Project has been proposed that will develop an investment model to support the training of increased numbers of students of color.

Substrategy 5: Increase the cultural competence of the health care workforce. HRSA firmly believes that the provision of culturally competent health care services is a critical component for eliminating health disparities. In FY 2001, HRSA's Cultural Competence Committee will continue to implement the Agency-wide plan to incorporate the principles of cultural competence into HRSA's programs, practices, and policies. New activities are under development for FY 2002 that would enhance HRSA's focus on cultural competence specifically related to the targeted clinical areas and populations.

Substrategy 6: Enhance and establish new partnerships. The Agency has witnessed vast reductions in health disparities in communities that have formed multidisciplinary partnerships. As a result, HRSA will enhance the coordination of its current public and private partnerships in FY 2001. In FY 2002, HRSA will seek to support new community-based partnerships that promote innovative linkages and integration of primary care and public health services. The Agency also intends to support State level partnerships that include State primary care associations and organizations, State Offices of Rural Health, maternal and child health programs, Title X programs (i.e., family planning), State Medicaid offices, and State mental health and substance abuse agencies.

Substrategy 7: Translate knowledge into clinical practice. The Agency acknowledges that the mere existence of knowledge will not eliminate disparities in health. Undoubtedly, a precipitant of existing health disparities is the inconsistent utilization of evidence-based health care and population-specific health delivery practices. HRSA will seek to partner with other DHHS agencies that have complimentary activities related to translating medical knowledge into better health care for vulnerable populations in FY 2001. In FY 2002, HRSA intends to unveil innovative strategies to bridge the gap between medical knowledge and clinical practice at HRSA-supported sites.

Substrategy 8: Enhance data collection. The Agency believes that data collection and analysis are critical components of eliminating health disparities. Without this information, HRSA cannot delineate the specific populations and subpopulations that suffer from health disparities, and it cannot appropriately target funding and other resources. As a member of the DHHS Data Council Workgroup, the Agency will continue to develop strategies for the collection of racial/ethnic and other demographic data related to HRSA-supported health programs. In FY 2001, HRSA will implement Agency-wide coordination of its data collection activities for its targeted population groups. In addition, funds are being requested to support the development of local and State level data systems that collect information about specific population demographics and link that information to output and outcome measures for the ten clinical areas of focus in FY 2002.

APPENDIX

Details of HRSA's Health Disparity Activities

Due to the tremendous number of HRSA's health disparity activities, it would take hundreds of pages to fully describe each activity. Therefore, the following pages include an inventory of HRSA's health disparity activities related to its targeted clinical and crosscutting areas. The subsequent pages contain a comprehensive list of HRSA's health disparity activities and programs.

HRSA encourages individuals and organizations to contact its Office of Communications to obtain additional details about the Agency's health disparity programs and activities.

APPENDIX

INVENTORY OF HRSA'S TARGETED HEALTH DISPARITY ACTIVITIES

1. Activities Related to the DHHS Initiative for the Elimination of Racial/Ethnic Disparities in Health

Clinical Area	Project Name	Population Served	Project Description
Diabetes	Rural Health Outreach Grant Program	● Rural populations	Funds projects focused on prevention and treatment of diabetes. Services offered by grantees include best practices, team building, and cultural competence; intensive case management; and prevention interventions for children.
	Diabetes Collaborative	● Health center clients (predominantly low income populations and people of color) ● Clients of National Health Service Corps (NHSC) sites (predominantly low income populations; 1/3 are people of color)	A project in which health center/NHSC teams enhance the quality of care for diabetes clients in order to delay or decrease related complications. In 1999, 85 health center/NHSC teams enrolled 15,000 clients into diabetic registries. In 2000, 125 health center/NHSC teams are participants in the initiative. Outcomes: 60% of clients enrolled in these registries received appropriate glycosolated hemoglobin testing (national average for testing is 20%). Partners: Institute for Healthcare Improvement (IHI), Centers for Disease Control and Prevention (CDC), State diabetes control programs, State primary care associations, Bayer Corporation
	Community Health Center (CHC) User/Visit Survey	● CHC clients (predominantly low income populations and people of color)	A study of users and medical encounters from a representative sample of CHCs. Outcomes: 1995 survey revealed that diabetic CHC users were 2 times more likely to undergo recommended glycosolated hemoglobin testing than a comparable U.S. population.
	The Examination of Episodes of Care for Diabetes, Hypertension, Asthma, and Other Ambulatory Care Sensitive Conditions	● Community health center (CHC) clients (predominantly low income populations and people of color)	A study that compares episodes of ambulatory care for diabetic CHC and non-CHC users utilizing 1995 and 1996 State Medicaid Research Files (SMRF). The study will identify racial disparities that emerge from studying episodes of care across ambulatory care sensitive conditions (e.g., diabetes, hypertension, asthma) in CHC users and non-CHC users.
	Pilot Study Assessing Physiologic Measures Through Medical Record Review	● Community health center (CHC) clients (predominantly low income populations and people of color)	Assesses the ability of selected CHCs to reduce glycosolated hemoglobin levels for a sample of diabetic CHC users.

Clinical Area	Project Name	Population Served	Project Description
Diabetes (continued)	Lower Extremity Amputation Prevention (LEAP) Program & Grants	● Diabetic patients at high risk for amputation (predominantly low income populations and people of color)	Program is a public/private partnership that creates and distributes multilingual brochures, monofilaments, and other foot care products that community and governmental organizations use to prevent diabetic foot complications. Grants fund the implementation and evaluation of LEAP programs in Louisiana, Alabama, Georgia, and Mississippi. Partners: Congress of National Black Churches, National Institute of Diabetes and Digestive & Kidney Disorders, Health Care Financing Administration (HCFA), National Diabetes Education Program, L.I.F.E. Foundation, Atlantic Footcare, Wal Mart.
	Rural Telemedicine Grant Program	● Rural populations	Funds projects to provide primary care, specialty care, and educational services in rural communities. Several projects provide regular health education classes and on-going monitoring for patients with diabetes.

Clinical Area	Project Name	Population Served	Project Description
Cardio-vascular Disease	Cardiovascular Health Initiative for Women of Color	● Low income women	A community driven activity that will conduct cardiovascular health screening and follow-up for low income women in Frederick, Maryland.
	Rural Health Outreach Grant Program	● Rural populations	Funds projects reducing cardiovascular disability and death. One project links those at high risk for heart disease to primary care clinicians that provide preventive services and education on healthy lifestyles.
	Network Development Grant Program	● Rural populations	Funds projects reducing cardiovascular disability and death. One project supports a network of clinicians that provides a continuum of services including screening, risk factor reduction, and cardiac rehabilitation.
	Rural Telemedicine Grant Program	● Rural populations	Funds projects that provide access to cardiologists, nutritionists, surgeons, and other specialists involved in cardiovascular health care.
	Community Health Center (CHC) User/Visit Survey	● Community health center clients (predominantly low income populations and people of color)	A study of users and medical encounters from a representative sample of CHCs. Outcomes: 1995 survey revealed that African American and Hispanic hypertensive clients were 3 times more likely to report controlled blood pressure than a comparable population.
	The Examination of Episodes of Care for Diabetes, Hypertension, Asthma, and Other Ambulatory Care Sensitive Conditions	● Community health center (CHC) clients (predominantly low income populations and people of color)	A study comparing episodes of ambulatory care for hypertensive CHC and non-CHC users utilizing 1995 and 1996 State Medicaid Research Files (SMRF). The study will identify racial disparities that emerge from studying episodes of care across ambulatory care sensitive conditions (e.g., diabetes, hypertension, asthma) in CHC users and non-CHC users.

Clinical Area	Project Name	Population Served	Project Description
Cardio-vascular Disease (continued)	Pilot Study Assessing Physiologic Measures Through Medical Record Review	● Community health center (CHC) clients (predominantly low income populations and people of color)	Assesses the ability of selected CHCs to reduce and control blood pressure among a sample of hypertensive CHC users.
	Cardiovascular Disease Collaborative	● Health center clients (predominantly low income populations and people of color)	A project in which health center teams will enhance the quality of cardiovascular care for clients in order to delay or decrease related complications. In 2001, 50-60 health center teams are expected to participate in the initiative. Partner: Institute for Healthcare Improvement (IHI)

Clinical Area	Project Name	Population Served	Project Description
Infant Mortality	Healthy Start Initiative	● Low income women ● Women of color (88% of women served were African American from 1991-1997)	Funds integrated, community-based, culturally competent perinatal care and other facilitating services in order to attack the causes of infant mortality and low birthweight. Funded projects in 22 communities from 1991 - 1997. In 2000, funded 64 new communities and 20 mentor communities including projects in Puerto Rico, in 3 tribal organizations, and near the U.S. - Mexico border. Currently funded communities have baseline infant mortality rates 1.5 times greater than the national average. Outcomes: African American infant mortality rates were reduced from 19.1 (1989-1991) to 14.4 (1995).
	Community Integrated Service Systems	● Women and children (predominately low income populations and people of color) ● Children with special health care needs	Funds programs that develop and expand community integrated services in order to reduce infant mortality and improve the health of mothers and children.
	State Mortality/Morbidity Review Support Program Grants	● Women and children (predominately low income populations and people of color)	Funds three states to coordinate mortality and morbidity review programs at State and local levels in order to enhance needs assessment capacity, policy development, and quality improvement efforts for maternal and child health.
	State Fetal and Infant Mortality Review (FIMR) Support Project Grants	● Children (predominately low income children and children of color)	Funds Arkansas, California, Maryland, Michigan, and Mississippi to develop strategies to apply FIMR findings at the state level and to promote partnerships between Title V agencies and the FIMR committee. FIMR is a methodology for assessing, planning, developing, and monitoring the service system and community resources to improve health care services for women and children.

Clinical Area	Project Name	Population Served	Project Description
Infant Mortality (continued)	Rural Health Outreach Grant Program	• Rural populations	Funds the provision of prenatal services and well-baby care.
	Perinatal Research	• Women and children (predominately low income populations and people of color)	Funded 4 extramural research projects concerned with aspects of perinatal health in FY 1998 (i.e., prematurity, preterm delivery, fetal overgrowth, and early post-delivery discharge of mothers and infants).
	Sudden Infant Death Syndrome (SIDS)/ Infant Death Centers	• Parents and children (predominantly low income populations and people of color)	Funds three centers that provide resources and support for SIDS education and training in order to improve services available to communities of color, new immigrants, and rural populations.
	Uniform Data System	• Health center clients (predominantly low income populations and people of color)	Collects data from all HRSA-supported health centers, including demographic information and clinical diagnoses of users. Outcome: In 1998, African American health center users had a rate of low birthweight that was 28% lower than that of the general African American population in the U.S.
	Rural Health Research Grant Program	• Rural and urban American Indians/Alaska Natives	Funded a research paper that reported inadequate patterns of prenatal care and high infant death rates among American Indians/Alaska Natives. Research was conducted by the University of Washington, a HRSA-supported research center.
	DHHS Racial Disparity in Infant Mortality Workgroup	• Children of color	Provides leadership to the Department of Health and Human Services (DHHS) regarding the coordination and collaboration of departmental programs in order to reduce racial disparities in infant mortality.
	Secretary's Advisory Committee on Infant Mortality	• Children (predominately low income children and children of color)	Provides the Secretary of the Department of Health and Human Services (DHHS) with guidance regarding the policies and resources needed to reduce infant mortality. The Committee includes individuals from the public and private sector.
	Rural Telemedicine Grant Program	• Rural populations	Funds projects that provide primary and specialty services, including obstetrics and neonatology.

Clinical Area	Project Name	Population Served	Project Description
HIV/AIDS	Ryan White CARE Act (RWCA) Service Delivery Programs	● Uninsured & underinsured people living with HIV/AIDS (predominantly people of color)	Provides grants to cities, states, and community-based organizations that provide primary medical care, oral health care, social support services, ancillary care, referrals for specialty care, and referrals to clinical trials for people living with HIV and AIDS. Grants are awarded on a formula and competitive basis.
	Ryan White CARE Act (RWCA) Supplement for Areas with Substantial Need for Services	● People of color living with HIV disease in 51 metropolitan areas	Funds projects that expand service capacity in communities of color, assist children orphaned by AIDS, and expand peer education to individuals living with AIDS. Funds are awarded via formula grants. The overall goal is to improve the quality of care and health outcomes in highly impacted communities of color.
	Ryan White CARE Act (RWCA) AIDS Drug Assistance Program	● Uninsured and underinsured people living with HIV/AIDS	Provides medications to low income individuals with HIV disease that have limited or no coverage from private insurance or Medicaid.
	Ryan White CARE Act (RWCA) Planning Grants	● Communities of color highly impacted by HIV/AIDS	Funds projects that build new capacity for indigenous public or private nonprofit organizations that serve populations with HIV/AIDS. Funds are awarded via competitive grants. Potential projects include developing or expanding a continuum of outpatient HIV primary health care.
	Ryan White CARE Act (RWCA) Communities of Color Children's Initiative	● Children, youth, women, and families of color	Funds projects that reduce perinatal HIV transmission and increase access to or improve quality of care for those with HIV exposure or infection. Funds are awarded via competitive grants.
	Ryan White CARE Act (RWCA) Special Projects of National Significance (SPNS) Program	● Community-based organizations serving people with HIV/AIDS (e.g., people living near the U.S. - Mexico border)	Funds innovative models of care and the development of effective delivery systems for HIV care. Recent priorities include addressing the needs of people living with HIV along the U.S. - Mexico border, interventions for HIV positive substance users, improving continuity of care for incarcerated individuals, and assessing innovation in serving people with chemical dependencies. Partner: Centers for Disease Control and Prevention (CDC)
	Integrated Services Through Ryan White CARE Act (RWCA) Special Projects of National Significance (SPNS) Program	● Public and nonprofit organizations serving communities of color (e.g., universities; state, local or tribal governments; health centers; and community-based organizations)	Funds projects to develop and evaluate models of care that target African American and Hispanic communities in Los Angeles and can be replicated in similar localities. Also funds projects that formally link and integrate HIV ambulatory medical care with mental health services, substance abuse treatment and/or other critical HIV services.

Clinical Area	Project Name	Population Served	Project Description
HIV/AIDS (continued)	Ryan White CARE Act (RWCA) AIDS Education and Training Center (AETC) Program	● Health care providers (preferentially targets providers serving communities of color, people who lack housing or incarcerated persons)	Funds multi-disciplinary education and training programs for health care providers in the clinical care of persons with HIV disease.
	AIDS Education and Training Center (AETC) Supplemental Grants Targeting Minority Providers	● Health care providers who are Asian American, Caribbean American, Native American or from other communities of color	Funds HIV/AIDS training for both clinical and non-clinical health care providers from communities of color.
	AIDS Education and Training Center (AETC) Supplemental Grants Targeting Minority Providers	● Health care providers of color working in rural Mississippi	Funds telemedicine training, consultation, and capacity building.
	AIDS Education and Training Center (AETC) Supplemental Grants Targeting Minority Providers	● Ryan White CARE Act (RWCA) Title III Planning grantees (predominantly serving people of color)	Funds training on HIV/AIDS clinical guidelines and the delivery of HIV/AIDS primary health care. The overall goal is to improve the quality of services and to enhance the establishment of HIV early intervention services within impacted communities of color.
	AIDS Education and Training Center (AETC) Supplemental Grants Targeting Minority Providers	● Health care providers (preferentially targets providers serving Native Americans and residents of U.S. jurisdictions in the Pacific)	Funds hands-on HIV training for medical providers.
	National Minority AIDS Education and Training Center (AETC)	● Health care providers training at Historically Black Colleges and Universities (HBCUs)	Established a collaborative network of HBCUs to increase and support the training of health care professionals serving African Americans and other communities of color. Training areas include the use of DHHS HIV/AIDS treatment guidelines and other relevant clinical topics.
	AIDS Education and Training Center (AETC) National HIV/AIDS Telephone Hotline	● Hispanic, African American, and other clinicians of color serving people with HIV/AIDS	Funds two national telephone hotlines that provide information to providers regarding post exposure treatment and other medical management issues for people with HIV disease. The project includes a dissemination component to support the use of hotline services by providers of color, including those who speak Spanish.

Clinical Area	Project Name	Population Served	Project Description
HIV/AIDS (continued)	Needs of Women Living with HIV Disease in the Rural South	● Women and children living with HIV in the rural South	Funds a project that assesses services available to women and children living with HIV. Assessments are completed for Mississippi, Louisiana and South Carolina; assessments are planned for Arkansas, Alabama and Kentucky.
	Promotoras de Salud Project	● Latinos living with HIV/AIDS in farm worker communities	Trains farm worker women to be lay health educators (promotoras) that provide counseling and education about HIV prevention, care and services in their communities. The project currently provides outreach to colonias in Texas and Arizona border communities.
	Targeted Capacity Building Assistance for HIV/AIDS Primary Health Care	● People of color with HIV/AIDS	Funds capacity building for minority community-based organizations to provide HIV/AIDS related primary health care and other health and support services. Potential capacity building activities include those related to clinical, administrative, financial, and information systems.
	HIV/AIDS Education and Training for Healthcare Providers Serving Tribal Areas and Communities	● Health care providers serving tribal areas and other Native American communities	Funds AIDS Education and Training Centers (AETCs) and Targeted Provider Education Demonstration (TPED) Programs to facilitate the development and implementation of HIV/AIDS capacity building programs and prevention and treatment training for clinicians and other professional, paraprofessional, and support service providers serving tribal areas and other Native American communities. Grantees are required to partner with American Indian/Alaska Native and/or urban Indian controlled primary health care or health and support service organizations. Partner: Indian Health Service (IHS)
	Targeted Provider Education Demonstration (TPED) Grant Program	● Health care professionals and paraprofessionals serving people of color with HIV/AIDS	Funds HIV/AIDS education and training for a variety of health and support service providers that work in communities of color highly impacted by HIV/AIDS.
	Peer Education Training Institute (a.k.a. African American HIV University)	● Peer HIV/AIDS treatment counselors who are people of color	Funds a training program for peer treatment educators who are indigenous to communities of color highly impacted by HIV/AIDS. The goal of the program is to engage and retain more persons of color in high quality care.
	Faith Based Initiative for the Prevention, Care, and Treatment of African Americans Living with HIV/AIDS	● African American faith-based communities serving persons with HIV/AIDS	Funds The Balm in Gilead, Inc. to develop of a guidebook for the provision of HIV/AIDS prevention, care, and treatment services by the Black Church. The initiative also includes a survey of Black Churches in the U.S. and surrounding territories to determine their level of involvement in HIV/AIDS care and treatment.

Clinical Area	Project Name	Population Served	Project Description
HIV/AIDS (continued)	Cross Title Minority Provider Database	● Health care providers of color and community-based organizations (CBOs) serving people with HIV/AIDS	Funds a needs assessment and the identification of geographic service areas of Ryan White CARE Act (RWCA) providers of color and CBOs. The needs assessment would include capacity and technical assistance needs. The overall goal is to develop future program initiatives, targeted technical assistance, and other resources for providers and CBOs.
	Innovative Service Delivery Models Through Community Health Centers (CHCs)	● People of color with HIV/AIDS	A program that provides outreach and primary care services in communities of color highly impacted by HIV/AIDS. These programs will include new access points for service, expanded outreach services, and expansion of services.
	HIV/AIDS Collaborative	● Health center clients (predominantly low income populations and people of color)	A quality improvement project in which health center teams will improve HIV/AIDS prevention, screening, diagnosis, and treatment for their clients. In 2000, 30 health center teams are participating in the initiative. Partners: Institute for Healthcare Improvement (IHI), Substance Abuse and Mental Health Services Administration (SAMHSA), Environmental Protection Agency (EPA), and Centers for Disease Control and Prevention (CDC)
	Community Health Center (CHC) User/Visit Survey	● CHC users (predominantly low income populations and people of color)	A study of users and medical encounters from a representative sample of CHCs. Outcome: 1995 survey revealed that 5.8% of CHC users were at risk for HIV infection compared with 3.5% of a comparable U.S. population.
	HIV Bereavement Program	● Gay and lesbian populations	Funds the New York Lesbian and Gay Center to develop a training module for their HIV Bereavement Program.
	Rural Health Outreach Grant Program	● Rural populations	Funded one project focused on the provision of counseling services for rural residents dealing with HIV/AIDS infection and substance abuse.
	National AIDS Update Conference	● Women with HIV ● Women at risk for HIV infection	HRSA participated in conference workshops that addressed women's concerns regarding HIV/AIDS clinical care, outreach, education, and service delivery. Recommendations for further action were formulated.
	Public Housing HIV Quality Initiative	● Residents of public housing programs	A quality improvement initiative that utilizes a specialized screening tool and management information system to improve health outcomes for public housing residents infected with or at risk for HIV/AIDS. Seven Public Housing Primary Care Programs are participating in the pilot phase of this project.

Clinical Area	Project Name	Population Served	Project Description
Cancer Screening and Management	Rural Health Outreach Grant Program	• Rural populations	Funds projects focused on cancer prevention and treatment. One project is a community-based consortium supporting culturally sensitive and appropriate breast and cervical cancer education and screening services.
	Project AHEAD (Approaches to Health Education and Diet)	• African Americans • Hispanics • Asians	A faith-based initiative in which pastors from African American, Hispanic, and Asian churches will provide their congregations with a 5-minute health fact related to cancer prevention, diagnosis, or treatment.
	Assessment of Breast Cancer Stage at Diagnosis, Survival, and Follow-up in Health Center Programs	• Female health center users (predominantly low income women and women of color)	A study evaluating breast cancer stage at diagnosis, survival, and follow-up among women over 40 years of age that utilize health center services. The study utilizes state cancer registries in 19 states. Results will be stratified by race/ethnicity.
	Community Health Center (CHC) User/Visit Survey	• Community health center users (predominantly low income populations and people of color)	A study of users and medical encounters from a representative sample of CHCs. Outcomes: 1995 survey revealed that women utilizing CHC services exceeded a comparable population and the Healthy People 2000 objectives for obtaining appropriate clinical breast examination, mammography services, and pap smear examinations.
	National Dialogue on Cancer	• Vulnerable, underserved populations served by HRSA-supported programs (predominantly low income populations and people of color)	As a participant in this national initiative, HRSA has developed a 5-year plan to increase cancer screening, diagnosis, and treatment for vulnerable, underserved populations served by HRSA-supported programs. Proposed activities include the development of culturally appropriate prevention initiatives and the utilization of community lay health promoters.
	Cancer Demonstration Project	• Lesbian and gay populations	A project that will fund the New York Lesbian and Gay Center to develop a demonstration project focused on cancer and cancer service utilization for lesbian and gay populations.
	Rural Telemedicine Grant Program	• Rural populations • African American men	Funds projects that provide access to oncologists, surgeons, support groups, patient education, and other cancer-related services. One project provides prostate cancer screening and educational service to rural African American men.
	Cancer Collaborative	• Health center clients • Clients of National Health Service Corps (NHSC) sites (predominantly low income populations and/or people of color)	A quality improvement project in which health center/NHSC teams will improve cancer screening, diagnosis, referral for treatment, and follow-up care for their clients. In 2001, 50-60 health center/NHSC teams will participate in the initiative. Partner: Institute for Healthcare Improvement (IHI)

Clinical Area	Project Name	Population Served	Project Description
Immuni-zations	Together for Tots	● Children utilizing community health centers (CHCs) (predominantly low income children and children of color)	A program creating State-based and CHC systems that increase and sustain immunization rates for infants and children receiving health care at CHCs in 10 states.
	Rural Health Outreach Grant Program	● Rural populations	Funds partnerships among mobile health care vans, community health clinics, schools, social services agencies, senior centers, and/or providers in small communities in order to increase immunization rates.
	Hepatitis B Immunization Initiative	● Middle and high school youth (predominantly urban, low income youth)	Funds eight school health programs to administer Hepatitis B immunizations to students in the U.S. and Puerto Rico. Outcome: In 1999, 1,935 youth received Hepatitis B immunizations.
	Prevention Collaborative	● Health center clients (predominantly low income populations and people of color)	A quality improvement project in which health center teams will ensure that health center clients receive appropriate, clinical preventive services, including immunizations. In 2001, 50-60 health center teams are expected to participate in the initiative. Partner: Institute for Healthcare Improvement (IHI)

2. Activities Related to Other Clinical and Crosscutting Areas of Particular Interest to HRSA

Clinical Area	Project Name	Population Served	Project Description
Oral Health	HRSA-HCFA Oral Health Initiative	● Low income people ● People of color	An interagency program intended to strengthen public and private oral health delivery systems, to enhance collaboration among agencies in order to maximize access, and to apply science to reduce disease burden in underserved populations. Partners: Health Care Financing Administration (HCFA), Indian Health Service (IHS), Centers for Disease Control and Prevention (CDC), National Institute for Dental and Craniofacial Research (NIDCR), Agency for Health Care Research and Quality (AHRQ), Head Start, Department of Agriculture Food and Nutrition Services/WIC.
	Oral Health Initiative	● Health center clients (predominantly low income populations and people of color)	Funds service expansion grants that enable health centers to develop comprehensive oral health services. Approximately 25 health centers received a grant in FY 2000.
	Rural Health Outreach Grant Program	● Rural adults and children	Funded a variety of dental and oral health initiatives. One project provided dental services to low income children using a mobile dental office.

Clinical Area	Project Name	Population Served	Project Description
Oral Health (continued)	Rural Telemedicine Grant Program	● Rural populations ● Residents of public housing ● People living near the U.S. - Mexico border	Funds collaborative projects to enhance oral health services to underserved populations. One project used telehealth technology for professional dental education. A second project used telemedicine to deliver oral health services.

Clinical Area	Project Name	Population Served	Project Description
Mental Health and Substance Abuse	Depression Collaborative	● Health center clients (predominantly low income populations and people of color)	A quality improvement project in which health center teams will improve the diagnosis and management of depression for their clients. In 2000, 40 health center teams participated in the initiative. Partner: Institute for Healthcare Improvement (IHI)
	Rural Health Outreach Grant Program	● Rural populations	Funded programs that provided mental health, substance abuse, behavioral health, and domestic violence services.
	Rural Telemedicine Grant Program	● Rural populations	Funds projects that incorporate mental health assessments and consultations for the diagnosis and treatment of depression, substance abuse disorders, and other mental health conditions.
	Charting the Future: Resources for Fetal Alcohol Syndrome (FAS)	● Children (predominantly low income children and children of color)	A project intended to increase awareness and improve prevention efforts for FAS through educational articles and a State resource directory.
	Perinatal Substance Abuse Prevention	● Pregnant women (predominantly low income women and women of color)	A project that funded the development of several technical assistance documents related to substance abuse during pregnancy. One of the documents is a screening tool that assists prenatal providers in identifying and providing services to at-risk women during pregnancy.
	2000 Summit on Women and Depression	● Researchers, health care providers, and policy makers with interest in women's health	A project that will convene a group of renowned experts in the field of mental health in order to identify research gaps in the area of depression in women and to develop an appropriate research agenda. The summit's proceedings will be published and will include policy recommendations. Partner: American Psychological Association (APA)
	Intervention Research Addressing the Primary and Secondary Prevention Needs of HIV-Seropositive Injection Drug Users	● People with HIV and injection drug use	A cooperative agreement funding research projects related to preventing HIV transmission due to high risk sexual and drug injection behaviors; increasing clients' access to, use of, and maintenance in primary health care; and increasing clients' access to, use of, and adherence to HIV treatments, including prophylaxis to prevent opportunistic infections. Partner: Centers for Disease Control and Prevention (CDC)

Clinical Area	Project Name	Population Served	Project Description
Mental Health and Substance Abuse (continued)	HIV/AIDS Treatment Adherence, Health Outcomes, and Cost Study	● People with HIV/AIDS and both mental health and substance abuse disorders	A cooperative agreement funding projects to study treatment adherence, health outcomes, and costs associated with the provision of combined mental health, substance abuse and HIV/AIDS primary care services. Partners: Substance Abuse and Mental Health Services Administration (SAMHSA), National Institutes of Health (NIH)
	Evaluation and Program Support Center on Innovative Programs for HIV-Positive Substance Users	● People with HIV and substance abuse disorders	Funds a center that advances the body of knowledge regarding innovative interventions for HIV-positive substance users; increases understanding of the interventions that improve the participation of HIV-positive substance users in primary health care, substance abuse treatment, and support services; identifies particularly innovative programs that serve this population and what makes these interventions successful; develops a set of integrated performance standards for primary care, substance abuse treatment and support services that can be used by programs that serve the population; and provides information about how to replicate innovative program models.

Clinical Area	Project Name	Population Served	Project Description
Asthma	Asthma Collaborative	● Health center clients (predominantly low income populations and people of color)	A quality improvement project in which health center teams will improve diagnosis and management of asthma for their clients. In 2000, 40 health center teams participated in the initiative. Partner: Institute for Healthcare Improvement (IHI)
	School-Based Health Center Partnerships	● School-based health center clients (predominantly low income children and children of color)	A project to reduce the incidence of asthma in school-aged children. Partner: Environmental Protection Agency (EPA)
	Rural Telemedicine Grant Program	● Rural populations	Funds a project to connect tertiary care asthma specialists to community-based asthma outreach workers and primary care providers who wish to develop local asthma management programs.
	The Examination of Episodes of Care for Diabetes, Hypertension, Asthma, and Other Ambulatory Care Sensitive Conditions	● Community health center (CHC) clients (predominantly low income populations and people of color)	A study that compares episodes of ambulatory care for asthmatic CHC and non-CHC users utilizing 1995 and 1996 State Medicaid Research Files (SMRF). The study will identify racial disparities that emerge from studying episodes of care across ambulatory care sensitive conditions (e.g., diabetes, hypertension, asthma) in CHC users and non-CHC users.

Targeted Area	Project Name	Population Served	Project Description
Cultural Competence	National Center for Cultural Competence (NCCC)	• Maternal and child health (MCH) providers • Health center providers (both groups serve predominantly low income populations and people of color)	NCCC provides policy guidance and technical assistance regarding the integration of cultural competence into MCH and health center programs. NCCC is facilitating the integration of culturally competent values, principles, structures, policies, and practices into existing State and local service MCH delivery systems. NCCC is also assisting health center staff in their efforts to mainstream cultural competence into their daily activities.
	Cultural Competence Training for the National Health Service Corps (NHSC)	• NHSC clinicians (predominantly serve low income people; 1/3 of clients are people of color)	Funds cultural competence training through conferences, the Student/Resident Experiences and Rotations in Community Health (SEARCH) Program, publications, on-line services, and seminars. Future plans include site/population specific training by "cultural guides."
	Educational Partnership Agreements	• Health professions students	Funds partnership with health professions schools to facilitate the integration of cultural competence into health professions curricula.
	HRSA-Wide Cultural Competence Committee	• People served by HRSA-supported programs (predominantly low income people and people of color)	A project that facilitates the integration of cultural competence into all HRSA programs and policies.
	Cultural Competence Evaluation Project	• Health center providers (predominantly serve low income populations and people of color)	A project to develop indicators and measures of cultural competence in HRSA-supported health centers.
	Electronic Providers Guide on Quality and Cultural Diversity	• Health care providers	A project to develop a web-based guide of resources regarding culturally and linguistically appropriate health services.
	Interactive Media Training Program on Quality and Cultural Diversity	• Health care providers	A project to develop a training and education program for primary health care professionals regarding the provision of quality health care for diverse populations. The training will include discussion about the sociocultural beliefs and biases that influence patients, providers, and the patient-provider relationship. Partner: American Academy of Family Physicians
	Second National Conference on Quality Healthcare for Culturally Diverse Populations	• Health care providers, researchers, and policy makers who serve culturally diverse populations • Culturally diverse populations	A project to convene providers, communities, and policy makers to address the challenges and successes of implementing culturally competent services, to report model programs, and to utilize participant input to advance national policy and local agendas. Partners: DHHS Office of Minority Health, Health Care Financing Administration (HCFA), Resources for Cross Cultural Health Care, Arthur Ashe Institute for Urban Health, State University of New York Downstate Medical Center

Targeted Area	Project Name	Population Served	Project Description
Cultural Competence (continued)	Area Health Education Centers (AHECs)	• Medical students	Programs that are linked to more than two-thirds of the Nation's medical schools and provide students with community-based education and training. In FY 2000, HRSA funded 179 AHECs in underserved regions in 40 U.S. States.
	Title VIII Nursing Workforce Development	• Rural populations • Other underserved populations	Supports federally funded nursing education programs that train students from rural and other underserved populations. All grantees are requested to have a plan to increase or strengthen the curriculum content related to cultural competence.
	Title V Programs for Children with Special Health Care Needs (CSHCN)	• Children with special health care needs	Funds capacity building of Title V CSHCN programs to design, implement, and evaluate culturally and linguistically competent service delivery systems.
	Patient Satisfaction Resource Manual	• Health care providers at federally-supported ambulatory care sites (predominantly serving low income people and people of color)	A project to develop a resource manual that addresses key areas related to promotion and assurance of patient satisfaction. The manual will include a section on cultural competence of providers in DHHS-supported ambulatory care sites. This section will include definitions, a literature review, case examples, and a resource list. This project is a component of the DHHS Secretary's Quality Improvement Initiative. Partners: Indian Health Service (IHS), DHHS Office of Civil Rights (OCR), National Institutes of Health (NIH), Agency for Healthcare Research and Quality (AHRQ)
	Literacy as a Consumer Protection Issue for DHHS Programs	• Patients with low-literacy who receive health care from federally-supported facilities	An interagency project to develop recommendations to assist low-literacy clients who receive health care from federally-supported health facilities. This work is a component of the DHHS Secretary's Quality Improvement Initiative. Partners: Office of the Assistant Secretary for Planning and Evaluation (OASPE), Health Care Financing Administration (HCFA), National Institutes of Health (NIH), Agency for Health Care Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Service (IHS), DHHS Office of Civil Rights (OCR), DHHS Office of Minority Health
	Cultural Competence Purchasing Standards	• Managed care purchasers serving culturally diverse populations	A project to develop purchasing specifications regarding cultural competence for use by purchasers of managed care. The resulting document will address aspects of cultural competence such as provision of interpreter services, translation of health plan materials, and training of clinical staff.
	Caring for Women With Circumcision	• Health care providers serving women who have undergone or are considering female circumcision/female genital mutilation	An educational manual for U.S. clinicians and health professions students regarding the practice of female circumcision/female genital mutilation and its clinical sequelae for women. The manual provides recommendations for culturally sensitive counseling, education, and outreach. Partners: Research, Action, and Information Network for Bodily Integrity of Women (RAINBO), DHHS Office on Women's Health

Targeted Area	Project Name	Population Served	Project Description
Cultural Competence (continued)	*Women's Health in the Medical School Curriculum*	● Medical school students	A report mandated by Congress that documented the extent to which women's health issues were integrated into the undergraduate curriculum of U.S. medical schools. The report includes guidelines for the development of a core women's health curriculum. Partners: Association of American Medical Colleges, DHHS Office on Women's Health, Office of Research on Women's Health of the National Institutes of Health (NIH)
	Women's Health in the Dental School Curriculum	● Dental school students	A 1997 report that documented the extent to which women's health and gender-related issues were integrated into the basic and clinical science curriculum at U.S. and Canadian dental schools. Partners: American Association of Dental Schools, DHHS Office on Women's Health, Office of Research on Women's Health of the National Institutes of Health (NIH)
	Women's Health in the Baccalaureate Nursing School Curriculum	● Nursing school students	A report that will document the extent to which women's health issues are integrated into the curriculum of U.S. baccalaureate nursing programs. The report will include recommendations for improving women's health curriculum in these programs. Partners: American Association of Colleges of Nursing, DHHS Office on Women's Health, Office of Research on Women's Health of the National Institutes of Health (NIH), National Institute of Nursing Research
	Cultural Diversity Curriculum	● Health care providers and social workers serving diverse groups, including lesbian, gay, bisexual, and transgender (LGBT) populations	A project that developed and published a workforce curriculum that incorporated knowledge about diverse groups, skills to practice effectively with and make policy relevant to persons who belong to disempowered groups, and values and attitudes associated with different people. The series addressed six population groups, including LGBT populations.

Targeted Area	Project Name	Population Served	Project Description
Diversifying the Health Care Workforce	Centers of Excellence (COEs)	● Underrepresented minority (URM) health professionals	A program that serves as a catalyst for institutionalizing a commitment to URMs and as a national educational center for diversity and minority health issues. COEs provide leadership in URM health issues, strengthen and enhance URM academic performance, and serve as a resource for diversity and cultural competence education.
	Health Careers Opportunity Program (HCOP)	● Underrepresented minority (URM) health professions students ● Other disadvantaged health professions students	A program that increases the pool of URM and other disadvantaged students that successfully enter and graduate from health professions training programs.

Targeted Area	Project Name	Population Served	Project Description
Diversifying the Health Care Workforce (continued)	Kids Into Health Careers	• Children grades K-12 who are people of color and/or from economically or educationally disadvantaged communities	A program that encourages children to pursue health careers.
	Nursing, Medical, Dental, Allied Health and Public Health Training Programs	• Underrepresented minority (URM) health professions students • Other disadvantaged health professions students	Funds programs that support the training of a diverse group of health professionals.
	Nursing Education and Practice Program	• Underrepresented minority (URM) nursing students • Other disadvantaged nursing students	Funds programs that support the training of a diverse group of nurses to meet the health care needs of underserved individuals.
	Service-Related Educational Scholarship and Loan Repayment Programs	• Health care providers having disadvantaged backgrounds • Health care providers who are people of color	In Fiscal Year 2001, the National Health Service Corps (NHSC) Scholarship Program, NHSC Loan Repayment Program, Nursing Education Loan Repayment Program, and State Loan Repayment Program will give special consideration to applicants who are from disadvantaged backgrounds and/or communities of color and to individuals who are sensitive to and experienced in dealing with diverse populations.
	Maternal and Child Health Bureau Training Grants	• African American and other public health/health care professionals from diverse backgrounds	Supports the training of public health/health care professionals from diverse backgrounds. Grants also provide funding to four medical schools located within Historically Black Colleges and Universities (HBCUs).
	AIDS Education and Training Centers (AETCs)	• Health care providers of color	A program that increases the pool of health care providers of color who are trained in the delivery of HIV/AIDS care.
	Historically Black College and University (HBCU) Rural Health Faculty Fellowship Program	• African American health care providers • African American rural residents	A fellowship that increases the capacity of HBCUs to address health problems affecting African Americans residing in rural areas.
	Evaluation Studies Related to Historically Black Colleges and Universities (HBCUs)	• Health professionals working at Historically Black Colleges and Universities	An evaluation study that assessed the effectiveness of two methods of technical assistance to HBCUs. A second study is examining the factors impacting the decline in HRSA funding to four Black medical schools.

Targeted Area	Project Name	Population Served	Project Description
Diversifying the Health Care Workforce (continued)	Association of Hispanic-Serving Health Professions Schools (HSHPS)	• Hispanic/Latino health professions students	HRSA has provided technical assistance to HSHPS which has membership of 16 colleges and universities with Hispanic enrollment of at least 9 percent.
	Rural Telemedicine Grant Program	• Health care providers from the Pacific Basin • Health care providers serving rural populations	Funds projects that use telehealth technology for continuing education of rural health care providers. One project funded a telemedicine training center that included a special emphasis on training health professionals from Pacific Basin jurisdictions. Several projects provide weekly grand rounds via telemedicine, linkages to Area Health Education Centers (AHECs), training in geriatrics, or degree nursing programs.
	Title VIII Nursing Workforce Development	• Rural populations • Other underserved populations	Supports federally-funded nursing education programs that train students from rural and other underserved populations. All grantees are requested to have a plan for the recruitment and retention of students from diverse backgrounds.
	Title VIII Section 821Workforce Diversity Grants	• Nursing students of color • Disadvantaged nursing students	Supports special projects to increase nursing education opportunities for people of color and other disadvantaged populations.
	Title VIII National Advisory Council on Nurse Education and Practice	• Administrators of nursing training programs • Policymakers	A program that produced a written report describing the essential elements of a culturally diverse nursing workforce that is necessary to meet the health care needs of U.S. populations.
	Recruitment of American Indians into Health Careers	• American Indian youth	A project that funds a partnership between the Montana Area Heath Education Center (AHEC) and a minimum of two Tribal Colleges in Montana to design and implement activities that encourage American Indian middle, junior, and senior high school students to pursue health careers.

Targeted Area	Project Name	Population Served	Project Description
Domestic Violence	Family and Intimate Partner Violence Prevention Initiative	• Health care providers that serve women and men at risk for experiencing domestic violence	A project that has sponsored a national satellite broadcast training series on domestic violence that was viewed in 47 states. Viewers included primary care providers, HMO staff, rural health associations, academic institutions, women's shelters, and law enforcement agencies. The overall goal of the initiative is to facilitate the incorporation of domestic violence screening and intervention strategies into health care service delivery at HRSA-supported health care sites.

Targeted Area	Project Name	Population Served	Project Description
Domestic Violence (continued)	Public Housing Primary Care Programs	• Public housing residents requiring domestic violence services or at risk for domestic violence	Grantees of the Public Housing Primary Care Program have established highly effective partnerships with their local public housing authorities and resident/tenant organizations to facilitate the delivery of domestic violence services. The local housing authorities provide funding to HRSA grantees to increase domestic violence services through the Drug and Domestic Violence Program of the Department of Housing and Urban Development. Partner: Department of Housing and Urban Development (HUD)
	Rural Health Outreach Grant Program	• Rural populations	Funded a project that provided domestic violence services.

Targeted Population	Project Name	Specific Population Served	Project Description
People Living Near the U.S. - Mexico Border	Coordination of Continuing Care in the Community	• Immigrant populations	A program in which HRSA staff act as managed care coordinators for Immigration and Naturalization Service (INS) detainees who remain in the U.S. and need health care services.
	(Tuberculosis) TB Net Program	• Immigrant populations	A program that ensures adequate treatment, referral and follow-up services for patients with active tuberculosis upon their release to their country of origin. Partners: Immigration and Naturalization Service (INS), Public Health Service (PHS)
	Ten Against Tuberculosis	• U.S. - Mexico border populations	An organization of ten U.S. and Mexico border state health departments whose mission is to reduce the incidence of tuberculosis in the border region by improving bi-national cooperation in tuberculosis prevention and control efforts.
	HIV Programs for Populations Near the U.S. - Mexico Border	• U.S. - Mexico border populations with HIV	A 5-year project to improve, provide, and evaluate early detection of HIV and use of health care services for persons with HIV living near the U.S. - Mexico border.

Targeted Population	Project Name	Specific Population Served	Project Description
Lesbian, Gay, Bisexual, & Transgender (LGBT) Populations	*Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns*	● LGBT populations	A comprehensive white paper funded by HRSA and produced by the Gay and Lesbian Medical Association (GLMA), that, with other recent studies, set forth the evidence for the development of a scientific research and data collection agenda at the DHHS level regarding health issues of LGBT populations. The paper was released in January 2000 at the Healthy People 2010 launch conference.
	Healthy People 2010 Companion Document on LGBT Health Disparities	● LGBT populations	A project to create a companion document to Healthy People 2010 that will target ways to use the Healthy People document to overcome health disparities experienced by LGBT populations. A HRSA Steering Committee on LGBT Health Disparities is working with a LGBT Health Coalition on this project. The coalition is coordinated by the Gay and Lesbian Medical Association (GLMA) and composed of leadership and experts from non-governmental advocacy groups. The release of the document is expected in early 2001. Partner: Gay and Lesbian Medical Association (GLMA)
	Assessment of Service Delivery	● LGBT populations	A project to assess gaps in service delivery in Gay and Lesbian Community Services Centers. HRSA has funded the National Association of Gay and Lesbian Community Service Centers to conduct an internal assessment of the services across their centers. Additionally, HRSA is developing a needs assessment methodology that will identify gaps in community-based services for LGBT populations.
	Lesbian Health Scientific Workshop Report	● Policymakers with interest in lesbian health issues	A HRSA-supported workshop and report that discussed the specific health needs and service access issues of the lesbian population based on the issues outlined in the Institute of Medicine's (IOM) report on lesbian health.

APPENDIX

Composite Listing of All Health Disparity Activities

The HRSA operating unit with sole or lead responsibility for the activity is listed in parentheses.

A. Targeted Health Disparity Activities

1. Activities Related to the DHHS Initiative for the Elimination of Racial/Ethnic Disparities in Health

a. Diabetes

1. Rural Health Outreach Grant Program (ORHP)
2. Diabetes Collaborative (BPHC)
3. Community Health Center User/Visit Survey (BPHC)
4. The Examination of Episodes of Care for Diabetes, Hypertension, Asthma, and Other Ambulatory Care Sensitive Conditions (BPHC)
5. Pilot Study Assessing Physiologic Measures Through Medical Record Review (BPHC)
6. Lower Extremity Amputation Prevention Program & Grants (BPHC)
7. Native Hawaiian Health Care Program (BPHC)
8. Rural Telemedicine Grant Program (OAT)

b. Cardiovascular Disease

1. Cardiovascular Health Initiative for Women of Color (BPHC)
2. Rural Health Outreach Grant Program (ORHP)
3. Network Development Grant Program (ORHP)
4. Rural Telemedicine Grant Program (OAT)
5. Community Health Center User/Visit Survey (BPHC)
6. The Examination of Episodes of Care for Diabetes, Hypertension, Asthma, and other Ambulatory Care Sensitive Conditions (BPHC)
7. Pilot Study Assessing Physiologic Measures Through Medical Record Review (BPHC)
8. Cardiovascular Disease Collaborative (BPHC)

c. Infant Mortality

1. Healthy Start Initiative (MCHB)
2. Community Integrated Service Systems (MCHB)
3. State Mortality/Morbidity Review Support Program Grants (MCHB)
4. State Fetal and Infant Mortality Review Support Project Grants (MCHB)
5. Rural Health Outreach Grant Program (ORHP)
6. Perinatal Research (MCHB)
7. Sudden Infant Death Syndrome/Infant Death Centers (MCHB)
8. Uniform Data System (BPHC)
9. DHHS Racial Disparity in Infant Mortality Workgroup (MCHB)

10. Secretary's Advisory Committee on Infant Mortality (MCHB)
11. Rural Telemedicine Grant Program (OAT)
12. Navajo Nation Pregnancy Risk Assessment Monitoring Survey (Proposed for FY 2002) (MCHB)

d. HIV/AIDS Infection

1. Ryan White CARE Act Service Delivery Programs (HAB)
2. Ryan White CARE Act Supplement for Areas with Substantial Need for Services (HAB)
3. Ryan White CARE Act AIDS Drug Assistance Program (HAB)
4. Ryan White CARE Act Planning Grants (HAB)
5. Ryan White CARE Act Communities of Color Children's Initiative (HAB)
6. Ryan White CARE Act Special Projects of National Significance (HAB)
7. Integrated Services Through Ryan White CARE Act Special Projects of National Significance (HAB)
8. Ryan White Care Act AIDS Education and Training Center Program (HAB)
9. AIDS Education and Training Center Supplemental Grants Targeting Minority Providers (HAB)
10. National Minority AIDS Education and Training Center (HAB)
11. AIDS Education and Training Center National HIV/AIDS Telephone Hotline (HAB)
12. Needs of Women Living with HIV Disease in the Rural South (HAB)
13. Promotoras de Salud Project (HAB)
14. Targeted Capacity Building Assistance for HIV/AIDS Primary Care (HAB)
15. HIV/AIDS Education and Training for Healthcare Providers Serving Tribal Areas and Communities (HAB)
16. Targeted Provider Education Demonstration Grant Program (HAB)
17. Peer Education Training Institute (a.k.a. African American HIV University) (HAB)
18. Faith Based Initiative for the Prevention, Care, and Treatment of African Americans Living with HIV/AIDS (HAB)
19. Cross Title Minority Provider Database (HAB)
20. Innovative Service Delivery Models Through Community Health Centers (HAB)
21. HIV/AIDS Collaborative (HAB)
22. Community Health Center User/Visit Survey (BPHC)
23. HIV Bereavement Program (OPEL)
24. Rural Health Outreach Grant Program (ORHP)
25. National AIDS Update Conference (OWH)
26. Public Housing HIV Quality Initiative (BPHC)
27. Also see Mental Health and Substance Abuse
28. Also see Health Care Issues for People Living Near the U.S. - Mexico Border (Border Health)

e. Cancer Screening and Management

1. Rural Health Outreach Grant Program (ORHP)
2. Project AHEAD: Approaches to Health Education and Diet (OMH)
3. Assessment of Breast Cancer Stage at Diagnosis, Survival, and Follow-up in Health Center Programs (BPHC)

4. Community Health Center User/Visit Survey (BPHC)
5. National Dialogue on Cancer (OPEL)
6. Cancer Demonstration Project for Lesbian and Gay Populations (OPEL)
7. Rural Telemedicine Grant Program (OAT)
8. Cancer Collaborative (BPHC)

f. Immunizations
1. Together for Tots (BPHC)
2. Rural Health Outreach Grant Program (ORHP)
3. Hepatitis B Immunization Initiative (BPHC)
4. Prevention Collaborative (BPHC)

2. Activities Related to Other Clinical and Crosscutting Areas of Particular Interest to HRSA

a. Oral Health
1. HRSA - HCFA Oral Health Initiative (OA)
2. Oral Health Initiative (BPHC)
3. Rural Health Outreach Grant Program (ORHP)
4. Rural Telemedicine Grant Program (OAT)
5. Rural Health Research Centers (proposed for FY 2002) (ORHP)
6. Oral Health Activities (proposed for FY 2002) (MCHB)

b. Mental Health and Substance Abuse
1. Depression Collaborative (BPHC)
2. Rural Health Outreach Grant Program (ORHP)
3. Rural Telemedicine Grant Program (OAT)
4. Charting the Future: Resources for Fetal Alcohol Syndrome (MCHB)
5. Perinatal Substance Abuse Prevention (MCHB)
6. 2000 Summit on Women and Depression (OWH, BPHC)
7. Intervention Research Addressing the Primary and Secondary Prevention Needs of HIV-Seropositive Injection Drug Users (HAB)
8. HIV/AIDS Treatment Adherence, Health Outcomes, and Cost Study (HAB)
9. Evaluation and Program Support Center on Innovative Programs for HIV-Positive Substance Users (HAB)

c. Asthma
1. Asthma Collaborative (BPHC)
2. School Based Health Center Partnerships (BPHC)
3. Rural Telemedicine Grant Program (OAT)
4. The Examination of Episodes of Care for Diabetes, Hypertension, Asthma, and Other Ambulatory Sensitive Conditions (BPHC)
5. Asthma Program for Children (proposed for FY 2002) (MCHB)

d. Cultural Competence
1. National Center for Cultural Competence (MCHB, BPHC)
2. Cultural Competence Training for the National Health Service Corps (BPHC)
3. Educational Partnership Agreements (BPHC)

4. Electronic Providers Guide on Quality and Cultural Diversity (BPHC)
5. Interactive Media Training Program on Quality and Cultural Diversity (BPHC)
6. 2nd National Conference on Quality Healthcare for Culturally Diverse Populations (BPHC)
7. Area Health Education Centers (BHPr)
8. Title VIII Nursing Workforce Development (BHPr)
9. Title V Programs for Children with Special Health Care Needs (MCHB)
10. HRSA-Wide Cultural Competence Committee (OMH)
11. Cultural Competence Evaluation Project (OMH)
12. Patient Satisfaction Resource Manual (CQ, BPHC)
13. Literacy as a Consumer Protection Issue for DHHS Programs (CQ)
14. Cultural Competence Purchasing Specifications (CMC)
15. Caring for Women with Circumcision (MCHB/OWH)
16. Women's Health in the Medical School Curriculum (OWH)
17. Women's Health in the Dental School Curriculum (OWH)
18. Women's Health in the Baccalaureate Nursing School Curriculum (OWH)
19. Cultural Diversity Curriculum (OPEL)

e. Diversifying the Health Care Workforce

1. Centers of Excellence (BHPr)
2. Health Career Opportunity Program (BHPr)
3. Kids Into Health Careers (BHPr)
4. Nursing, Medical, Dental, Allied Health, and Public Health Training Programs (BHPr)
5. HRSA Nursing Education and Practice Programs (BHPr)
6. Service-Related Educational Scholarship and Loan Repayment Programs (BPHC)
7. Maternal and Child Health Bureau Training Grants (MCHB)
8. AIDS Education and Training Centers (HAB)
9. Historically Black Colleges and Universities Rural Health Faculty Fellowship Program (OMH, ORHP)
10. Evaluation Studies Related to Historically Black Colleges and Universities (OMH)
11. Association of Hispanic-Serving Health Professions Schools (OMH)
12. Rural Telemedicine Grant Program (OAT)
13. Title VIII Nursing Workforce Development (BHPr)
14. Title VIII Section 821 Workforce Diversity Grants (BHPr)
15. Title VIII National Advisory Council on Nurse Education and Practice (BHPr)
16. Recruitment of American Indians into Health Careers (BHPr)
17. Lay Health Educator Initiative (proposed for FY 2002) (BPHC)
18. Rural Health Outreach Grant Program (proposed for FY 2002) (ORHP)

f. Domestic Violence

1. Family and Intimate Partner Violence Prevention Initiative (OMH)
2. Public Housing Primary Care Programs (BPHC)

g. Health Care Issues for People Living Near the U.S. - Mexico Border (Border Health)

1. Coordination of Continuing Care in the Community (BPHC)
2. (Tuberculosis) TB Net Program (BPHC)
3. Ten Against Tuberculosis (BHPr)

4. Health Education Training Centers (BHPr)
5. Rural Telemedicine Grant Program (OAT)
6. HIV Programs For Populations Near the U.S. - Mexico Border (HAB, BPHC)
7. Rural Health Outreach Grant Program (proposed for FY 2002) (ORHP)

h. Health Care Issues Related to Lesbian, Gay, Bisexua,l and Transgender (LGBT) Populations

1. *Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns* (OPEL)
2. Healthy People 2010 Companion Document on LGBT Health Disparities
3. Assessment of Service Delivery (OPEL)
4. Lesbian Health Scientific Workshop Report (OWH)
5. Also see Cultural Competence

3. Activities Related to Target Populations

a. Also see Activities Related to Other Clinical and Crosscutting Areas of Particular Interest to HRSA

b. Initiatives Focused on Racial/Ethnic Groups

1. African American Women's Health Study (BPHC)
2. National Minority Health Month (OMH)
3. Delta Health Ventures (ORHP)
4. Assessment of Ethnicity/Race and Enabling Services for Bi/Multilingual Community Health Center Populations (BPHC)
5. Rural Health Outreach Grant Program (ORHP)
6. Rural Health Research Centers (ORHP)
7. Pacific Basin Initiative (OPEL)
8. Pacific Basin Primary Care Program (BPHC)
9. Pacific Islands Continuing Clinical Education Project (BPHC)
10. Maternal and Child Health Bureau Extramural Research Program (MCHB)
11. Native Hawaiian Health Care Program (BPHC)
12. Perinatal Research (MCHB)
13. National Hispanic Religious Partnership for Community Health (OMH)
14. Asian American and Pacific Islander Implementation Plan (OMH)
15. White House Initiative on Asians/Pacific Islanders (OMH)
16. DHHS Racial Disparity in Infant Mortality Workgroup (MCHB)
17. Maternal and Child Health Bureau Intramural Research Program (MCHB)
18. Injury Prevention Program (MCHB)
19. Congress of National Black Churches Partnership (BPHC)
20. Navajo Nation Pregnancy Risk Assessment Monitoring Survey (proposed for FY 2002) (MCHB)

c. Initiatives Focused on Women

1. Statewide Partnerships in Women's Health (BPHC)
2. Integrated and Coordinated Systems of Care for Women (MCHB)
3. 2001 Conference "Enhancing Outcomes in Women's Health: Translating Psychosocial and Behavioral Research Into Primary Care, Community Interventions, and Health Policy" (MCHB, ORHP)

4. Bright Futures for Women's Health Initiative (MCHB, OWH)
5. National Community Centers of Excellence in Women's Health (BPHC)
6. 2000 National Health Service Corps Women's Health Summit (OWH, BPHC)

d. Initiatives Focused on Women and Children
1. Maternal and Child Health Block Grant (MCHB)
2. Intramural Research Program (MCHB)

e. Initiatives Focused on Rural Populations
1. National Advisory Committee on Rural Health (ORHP)
2. Rural Health Research Centers/Rural Policy Research Institute (ORHP)
3. Rural Telemedicine Grant Program (OAT)
4. Also see Diabetes, Cardiovascular Disease, Infant Mortality, Immunizations, HIV/AIDS, Cancer Screening and Management, Oral Health, Mental Health and Substance Abuse, Diversifying the Health Care Workforce, Health Care Issues for People Living Near the U.S. - Mexico Border, and Initiatives Focused on Racial/Ethnic Groups

4. Activities Targeting Additional Population Groups
a. Initiatives Focused Generally on Underserved, Vulnerable Populations
1. HRSA-Wide Healthy People 2010 Programs (OPEL)
2. Development of Healthy People 2010 Companion Documents (OPEL)

b. Initiatives Focused on Children & Youth
1. Infrastructure Building Activities for Children with Special Health Care Needs (MCHB)
2. Juvenile Health Program (BPHC)
3. Healthy Schools and Healthy Communities Program (BPHC)

c. Initiatives Focused on the Elderly
1. Geriatric Care Model (BPHC)
2. Geriatric Education Center (BHPr)

d. Initiatives Focused on People Experiencing Homelessness
1. HRSA-Wide Homeless Mainstreaming Initiative (OPEL)
2. Health Care for the Homeless Program (BPHC)

5. Activities Related to Additional Clinical Areas
a. Organ Transplantation
1. National Organ and Tissue Donation Initiative (OSP)

b. Reproductive Health
1. Title V Abstinence Program (MCHB)

c. Pharmaceuticals
1. Clinical Pharmacy Demonstration Project (BPHC)

d. Violence Prevention
1. Injury Prevention Program (MCHB)

B. Health Care Access Activities

1. Strengthening the Primary Care Safety Net

a. Health Care Workforce
1. Designation of Health Professional Shortage Areas (BPHC)
2. National Health Service Corps (BPHC)
3. Educational Scholarship and Loan Repayment Programs (BPHC)
4. Community Nursing Scholarship Program (BPHC)
5. Training Grants (MCHB)
6. Increase Flexibility in Providing Graduate Physician Training in Rural/Frontier Areas (ORHP)
7. Native Hawaiian Scholarship Program (BPHC)
8. Training and Preceptorship for Rural Health Providers (OAT)

b. Health Care Systems
1. Maternal and Child Health Providers Partnership Cooperative Agreements (MCHB)
2. Perinatal Care Systems Grants (MCHB)
3. Redesigning the Patient Visit Collaborative (BPHC)
4. Maternal and Child Health Bureau Infrastructure Building Activities (MCHB)
5. *Visioning Primary Care: A Model That Works for the Health of All Americans* (BPHC)

c. Health Care Quality Improvement
1. Health Status and Performance Improvement Collaboratives (BPHC)
2. Evidenced-Based Disease Management (BPHC)
3. Patient Satisfaction (BPHC)
4. Quality Action Team (BPHC)
5. Improving Emergency Medical Services Through the Critical Access Hospital Program (ORHP)
6. Health Care for the Homeless Purchasing Standards (BPHC)
7. Consultation Services for Rural Patients and Providers (OAT)
8. Emergency Medial Services (proposed for FY 2002) (ORHP)

d. Health Care Quality Assurance
1. Primary Care Effectiveness Review (BPHC)
2. Unified Joint Commission on Accreditation of Healthcare Organizations/BPHC Ambulatory Care Accreditation Initiative (BPHC)

e. Supporting the Financial Viability of Health Care Providers and Institutions
1. Rural Health Research Centers (ORHP)
2. Medicare Rural Hospital Flexibility Grant Program (ORHP)
3. Small Rural Hospital Prospective Payment System Implementation Grant Program (proposed for FY 2002) (ORHP)

f. State Based Primary Health Care Activities
   1. Primary Care Associations and Primary Care Organizations (BPHC)

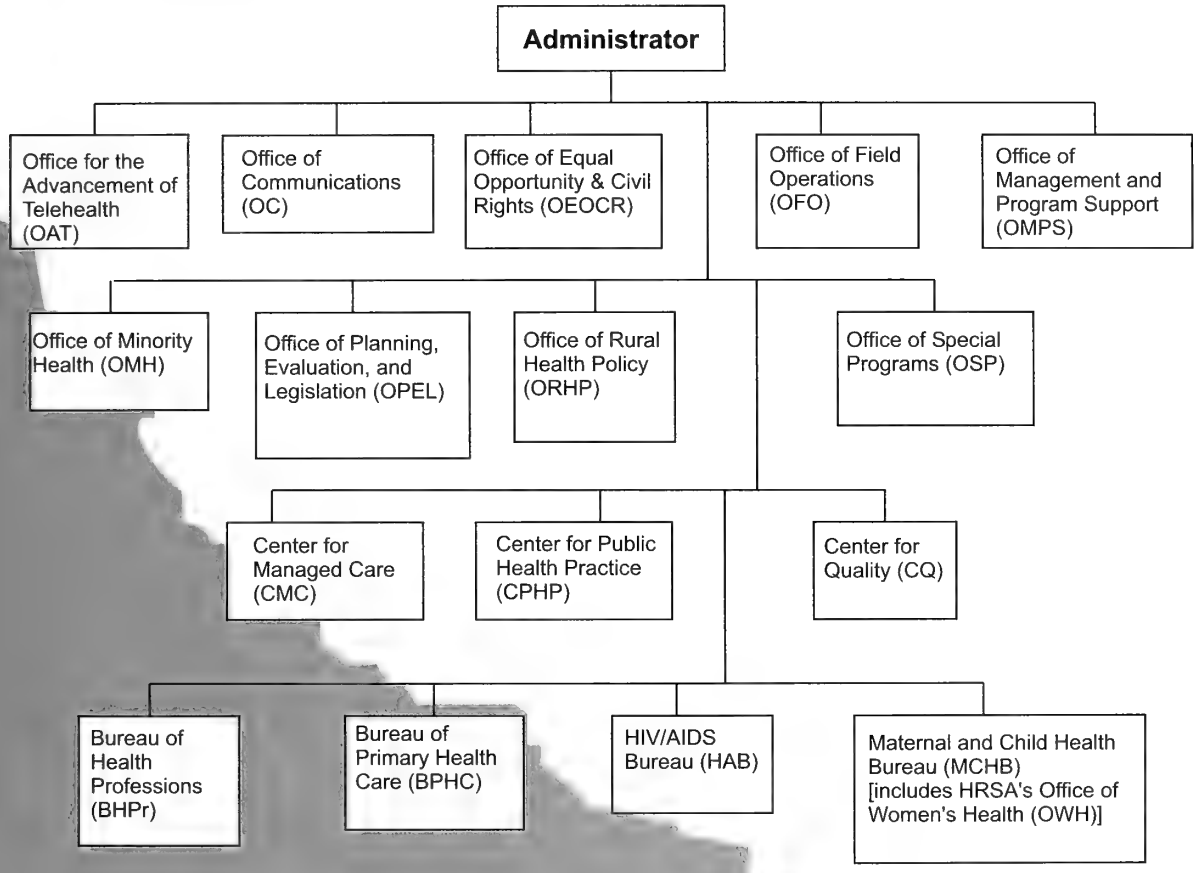
2. Data and Evaluation
   a. Performance Measurement (OPEL)
   b. DHHS Data Council Workgroup (OMH)
   c. Uniform Data System (BPHC)
   d. Community Health Center User/Visit Survey (BPHC)
   e. Homeless and Migrant Health Services User/Visit Survey (BPHC)
   f. Title V Developmental Health Status Measures (MCHB)
   g. Health Plan Performance Measurement and Racial/Ethnic Disparities (CMC)

3. Community Development
   a. Community Capacity Development (BPHC)
   b. Campaign for 100% Access and 0 Health Disparities (BPHC)
   c. Public Housing Primary Care Program (BPHC)

APPENDIX

HRSA's Operating Units

HRSA is organized into numerous operating units which individually and collectively work towards the goal of "100% Access and 0 Health Disparities."



Bureau of Health Professions
Provides national leadership in assuring a health professions workforce that meets the health care needs of the public.

Bureau of Primary Health Care
Increases access to comprehensive primary and preventive health care that improves the overall health of underserved and vulnerable populations.

HIV/AIDS Bureau
Provides leadership in the delivery of high quality primary care and support services for uninsured and underinsured individuals and families affected by HIV/AIDS.

Maternal and Child Health Bureau
Works in partnership with States to improve the health, safety, and well-being of all mothers, children, and families by assuring them access to comprehensive systems of health care. Includes HRSA's Office of Women's Health which provides leadership regarding women's health issues from a life span perspective and coordinates women's health programs.

Office of Field Operations
Provides direct support to HRSA's program operations and carries out crosscutting priorities and activities.

Office of Rural Health Policy
Is the federal proponent for better rural health care services.

Office of Special Programs
Ensures quality of and access to organ and bone marrow transplantation and uncompensated medical care. Ensures funding for the construction and renovation of health care facilities.

Office of Minority Health
Provides leadership for Agency-wide programs and activities that address the special health needs of racial/ethnic minorities.

Office for the Advancement of Telehealth
Coordinates HRSA's telehealth activities, such as the use of electronic telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, and health administration.

Office of Planning, Evaluation, and Legislation
Serves as the Administrator's primary staff and principal source of advice on program planning, program evaluation, and legislative affairs.

Center for Quality
Strengthens and improves the quality of health care, especially as it relates to HRSA programs and service populations.

Center for Managed Care
Assures that HRSA programs and the populations they serve are active and knowledgeable participants in managed care systems. Seeks to assure that an appropriately trained primary care workforce is available to provide managed care for underserved and vulnerable populations.

Center for Public Health Practice
Assures that HRSA programs strengthen public health practice in America by working in close partnership with State and local public health agencies and schools of public health throughout the country.

Office of Equal Opportunity & Civil Rights
Directs, coordinates, develops, and administers the Agency's equal opportunity and civil rights activities.

Office of Communications
Provides leadership and general policy and program direction for and conducts and coordinates communications and public affairs activities of the Agency.

Office of Management and Program Support
Provides Agency-wide leadership, program direction, and coordination to all phases of management.

APPENDIX

HRSA Strategic Plan

HRSA's strategic plan describes four long-range strategies that support the Agency's goal of "100% Access and 0 Health Disparities."

Four strategies direct HRSA's work to achieve this goal:

Strategy 1: Eliminate Barriers to Care to assure access to comprehensive, timely, culturally competent, and appropriate health care services for all undeserved, vulnerable, and special-needs populations. HRSA increases the use of health care services by undeserved populations, increases access points, and focuses on target populations.

Strategy 2: Eliminate Health Disparities in health status and health outcomes for undeserved, vulnerable, and special-needs populations. HRSA reduces the incidence/prevalence of disease and morbidity/mortality, increases the use of services by undeserved populations, and focuses on target populations.

Strategy 3: Assure Quality of Care is provided to the undeserved by fostering a diverse, high quality work force and using emerging technologies. HRSA accomplishes this by promoting appropriateness of care, assuring effectiveness of care, and improving customer and patient satisfaction.

Strategy 4: Improve Public Health and Health Care Systems to improve the delivery of health-related services by enhancing the infrastructure of public health and health care systems. HRSA improves information development and dissemination, promotes education and training of the public health and health care workforce, and promotes systems and infrastructure development.

APPENDIX

Contact Information

For more information about a particular HRSA health disparity activity, contact:

Office of Communications
Health Resources and Services Administration
5600 Fishers Lane
Rockville, MD 20857
(301) 443-3376

To receive additional copies of *Eliminating Health Disparities in the United States*, contact:

1-888-ASK-HRSA

For more information specifically about the HRSA Workgroup for the Elimination of Health Disparities, contact:

Jeanean Willis, DPM
Office of Minority Health
HRSA
5600 Fishers Lane, Room 10-49
Rockville, MD 20857
(301) 443-0943
Jwillis@hrsa.gov

Felicia Collins, MD, MPH
Bureau of Primary Health Care
HRSA
4350 East West Highway, 7th Floor
Bethesda, MD 20814
(301) 594-3732
Fcollins@hrsa.gov

APPENDIX

Glossary of Acronyms

AETC AIDS Education and Training Center
AHEAD Approaches to Health Education and Diet
AHEC Area Health Education Center
AHRQ Agency for Health Care Research and Quality (DHHS)
APA American Psychological Association
BHPr Bureau of Health Professions (HRSA)
BPHC Bureau of Primary Health Care (HRSA)
CAP Community Access Program
CDC Centers for Disease Control and Prevention (DHHS)
CHC community health center
CMC Center for Managed Care (HRSA)
CPHP Center for Public Health Practice (HRSA)
CQ Center for Quality (HRSA)
CSHCN children with special health care needs
DHHS (Federal) Department of Health and Human Services
EPA (Federal) Environmental Protection Agency
FAS fetal alcohol syndrome
FIMR (State) Fetal and Infant Mortality Review
FY Fiscal Year
GLMA Gay and Lesbian Medical Association
HAB HIV/AIDS Bureau (HRSA)
HBCUs Historically Black Colleges and Universities
HCFA Health Care Financing Administration (DHHS)
HCOP Health Career Opportunity Program
HMO health maintenance organization
HPSAs Health Professions Shortage Areas
HRSA Health Resources and Services Administration (DHHS)
HSHPS Hispanic Serving Health Professions Schools
HSIs Hispanic Serving Institutions
HUD (Federal) Department of Housing and Urban Development
IHI Institute for Healthcare Improvement
IHS Indian Health Service (DHHS)
INS (Federal) Immigration and Naturalization Service
IOM Institute of Medicine
JCAHO Joint Commission on Accreditation of Healthcare Organizations
LEAP Lower Extremity Amputation Prevention Project
LGBT lesbian, gay, bisexual, and transgender populations
MCH maternal and child health
MCHB Maternal and Child Health Bureau (HRSA)

Glossary of Acronyms (continued)

NCCC	National Center for Cultural Competence
NHSC	National Health Service Corps
NIDCR	National Institute of Dental and Craniofacial Research (NIH, DHHS)
NIH	National Institutes of Health (DHHS)
OASPE	Office of the Assistant Secretary for Planning and Evaluation (DHHS)
OAT	Office for the Advancement of Telehealth (HRSA)
OC	Office of Communications (HRSA)
OCR	Office of Civil Rights (DHHS)
OEOCR	Office of Equal Opportunity and Civil Rights (HRSA)
OFO	Office of Field Operations (HRSA)
OMH	Office of Minority Health (DHHS or HRSA)
OMPS	Office of Management and Program Support (HRSA)
OPEL	Office of Planning, Evaluation, and Legislation (HRSA)
ORHP	Office of Rural Health Policy (HRSA)
OSP	Office of Special Programs (HRSA)
OWH	Office of Women's Health (DHHS or HRSA)
PCA	Primary Care Association
PCO	Primary Care Organization
PHS	(Federal) Public Health Service
RWCA	Ryan White CARE Act
SAMHSA	Substance Abuse and Mental Health Services Administration (DHHS)
SEARCH	Student/Resident Experiences and Rotations in Community Health
SMRF	State Medicaid Research Files
SPNS	Special Projects of National Significance
TPED	Targeted Provider Education Demonstration Grant Program
URM	underrepresented minority
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Office of Minority Health
Bureau of Primary Health Care